

Shelby County Government

A Group
Dental Plan for
Employees and
Retirees



You have a choice of four plans:

Option I — Prestige 45

Option II — Prestige 15

Option III — Elite Preferred 520

Option IV — Elite Preferred 510

No action on your part is required if you are currently in a dental plan and you do not wish to make any changes



100 Mansell Court East Suite 400 Roswell, GA 30076 www.compbenefits.com



November 3rd, 2008

Dear Shelby County Government Employee/Retiree:

Attention Dental Plan Subscribers! Effective January 1, 2009, there will be no change in premiums or benefits to your dental options. Please read the following information carefully for an additional update.

Name Change

We are very pleased to share some additional exciting news about CompBenefits. Effective November 1, 2007 CompBenefits was aquired by the Humana Corporation, and currently operates as a wholly-owned subsidiary of Humana, Inc. You will notice this name change as well as our new logo throughout the pages of your enrollment booklet.

CompBenefits DHMO Options I (PST45) and II (PST15)

With CompBenefits you have two excellent DHMO (Dental Health Maintenance Organization) options to choose from – Prestige 45 (Option I) or Prestige 15 (Option II). The higher option - PST15 (Option II) provides greater savings because the co-payments are lower than those on the PST45 (Option I) plan. (Please see the enclosed brochure for a partial listing of both options' co-payment schedules.) A Dental I.D. card, complete co-payment schedule, and Preferred Vision Care membership card will be mailed to new enrollees following this annual enrollment period. Please note laboratory fees may be applied where applicable and are in addition to the copayment amount(s).

DHMO Option I (PST45)	ctive - Rates er Pay Period	ead Start - Rates er Pay Period	etiree - Rates er Month
Employee	\$ 3.77	\$ 4.52	\$ 7.54
Employee + One	\$ 7.54	\$ 9.05	\$ 15.08
Family	\$ 11.30	\$ 13.56	\$ 22.60

The deduction amounts for both options are as follows:

DHMO Option II (PST15)	ctive - Rates er Pay Period	ead Start - Rates er Pay Period	etiree - Rates er Month
Employee	\$ 6.29	\$ 7.55	\$ 12.58
Employee + One	\$ 10.48	\$ 12.58	\$ 20.96
Family	\$ 15.71	\$ 18.85	\$ 31.42

How to Change Your CompBenefits Participating General Dentist

Go to www.mycompbenefits.com or call CompBenefits' Customer Care Department at 800.342.5209 with the name of the dentist to whom you want to be transferred. If your request is received before the 15th of the month, the change will be effective on the first day of the following month, as long as you do not have an unpaid balance with your previous Participating General Dentist.

PPO Provider Network Enhancements

CompBenefits is a leading full service provider of dental and vision benefit plans to more than 4.8 million members nationwide. As the result of the acquisition of CompBenefits by the Humana Corporation, the PPO network providers available to Shelby County Government employees within the greater metropolitan area has increased its General Dentist and Specialist provider locations. These numbers represent a significant increase over the 2008 provider listing. For example, the number of general dentists located in Shelby County has increased to over 228 providers. Please refer to the PPO provider directory for additional details on provider locations.

CompBenefits PPO Option III (EP520) – Elite Preferred 520 is a PPO (Preferred Provider Organization) plan, which will allow you to use the dentist of your choice. The benefits are as follows: 100% of Diagnostic and Preventative Services, 80% of Basic Services, and 50% of Major Services and Orthodontic Services for children to age 19. The yearly maximums are \$1,000 per person on Types I, II and III services and \$500 for Orthodontia. maximum for Orthodontics is \$1,000. (Orthodontic claim forms must be filed with each visit.)



The deduction amounts for Option III are as follows:

CompBenefits PPO Option III (EP520)	Active - Rates Per Pay Period	Head Start - Rates Per Pay Period	Retiree - Rates Per Month
Employee	\$ 13.96	\$ 16.75	\$ 27.92
Employee + One	\$ 28.13	\$ 33.76	\$ 56.26
Family	\$ 40.20	\$ 48.24	\$ 80.40

CompBenefits PPO Option IV (EP510) – The CompBenefits Option IV – Elite Preferred 510 is a PPO (Preferred Provider Organization) option, which will allow you to use the dentist of your choice. This option is considered the Higher Option of the two options. The benefits are as follows: 100% of Diagnostic and Preventative Services, 80% of Basic Services, and 50% of Major Services and Orthodontic Services for children to age 19. However, Crowns are covered under the 80% category in this option. The yearly maximums are \$1,500 per person on Types I, II, and III services and \$750 for Orthodontia The lifetime maximum for Orthodontics is \$1,500. (Orthodontic claim forms must be filed with each visit.)

The deduction amounts for Option IV are as follows:

CompBenefits PPO Option IV (EP510)	Active - Rates Per Pay Period	Head Start - Rates Per Pay Period	Retiree - Rates Per Month
Employee	\$ 17.75	\$ 21.30	\$ 35.50
Employee + One	\$ 35.76	\$ 42.91	\$ 71.52
Family	\$ 51.11	\$ 61.33	\$ 102.22

The claims address is CompBenefits Corporation, P.O. Box 8236, Chicago, IL 60680.

Adding or Deleting Dependents: Please complete the enclosed Enrollment/Change Form, and mark the space provided for adding or deleting dependents. If you are adding a dependent other than a spouse, natural child or stepchild, please call our office for instructions.

No action on your part is required if you are currently enrolled in a dental option and you do not wish to make any changes. Please note that all Enrollment/Change Forms must be submitted to the Shelby County Employee Benefits Office, 160 North Main, Suite 949 by 4:00 P.M. on or before November 14th, 2008. Your coverage will be effective January 1, 2009, with payroll deductions beginning on January 15, 2009.

If you have any questions, please contact your local agent, Chuck Forrest, with Forrest & Forrest Benefits at (901) 385-2070.

Sincerely,

Humana/CompBenefits

Humana/CompBenefits Customer Care 1-800-342-5209



To request replacement cards, change dentists, or for further information please contact

CompBenefits Customer Care at 1-800-342-5209

or your local agent, Forrest & Forrest Benefits at (901) 385-2070

At MyCompBenefits.com, you will be able to:

- Order I.D. Cards
- Find the network Dentists and Specialists near you
- Update your information
- Change your providers
- View coverage and enrollment
- Check the status of your claim
- View your plan and benefits
- Download claim forms

Take a moment now and complete your one-time registration for this exciting new online service.

How Do I Join?

Follow these simple steps:

- Indicate your choice of either Option I (PST45), Option II (PST15) or Option III (EP520) or IV (EP510) coverage on the Dental Enrollment form included with this brochure.
- 2. If you choose either Option I (PST45) or Option II (PST15), you must select a Participating General Dentist from the enclosed listing. Write in the Dental Facility Number (Facility #) of the dentist you have chosen for yourself and each family member in the appropriate space on the Dental Enrollment Form.
- Complete the Dental Enrollment Form, sign where specified and return it to:

Shelby County Government Employee Benefits Office 160 North Main Street, Suite 949 Memphis, TN 38103

How To Use The Plan

Option I (PST45) and Option II (PST15)

- After your effective date, phone the dentist you have selected for an appointment.
- Tell the dentist's office that you have CompBenefits coverage. (Some General Dentists and Specialists do not accept plans I and II. Please confirm that your Provider accepts the plan that you are selecting before seeking treatment.)
- After seeing the dentist, pay any required co-payments and lab fees.

Option III (EP520) and IV (EP510)

- Phone any dentist for an appointment.
- Identify yourself as a CompBenefits Insurance Company insured.
- Meet the deductible, if applicable.
- Claim is filed with CompBenefits Insurance Company: P.O. Box 8236, Chicago, IL 60680-8236

Important Flexible Benefits Plan Information

Enrollees in the Flexible Benefits Plan of Shelby County are required by IRS Section 125 regulations to participate in the plan without changing benefit coverage for the full plan year, unless they qualify under one of the following family status changes, as defined by the IRS:

- 1. Marriage or divorce
- 2. Death of spouse or child
- 3. Birth or adoption of child
- 4. Termination of employment or start of employment of the employee's spouse
- 5. Switching from part-time to full-time employment status or vice versa by employee or employee's spouse
- Taking of an unpaid leave of absence by employee or the employee's spouse
- 7. Significant change in the health coverage of the employee or spouse attributed to the spouse's employment

Employees requesting to change their plan of benefits coverage after open enrollment under any of the above reasons must submit verification of the event. Call your Employee Benefits Office if you should need further information regarding any of the above.

Frequently Asked Questions Options I and II

Q. What are DHMO plans?

A. CompBenefits' DHMO plans are network-based products that emphasize prevention and cost containment. These plans provide savings up to 75 percent off regular dental procedures. The plans do not cover services (except emergency care) received from out-of-network dentists.

Q. How does the plan work?

A. Your primary dentist will provide all of your routine dental care. You may be required to pay a co-payment for some services provided by your primary care dentist. The co-payments or discounted charges are billed at the time of service, so there are no claim forms to file. You pay your dentist directly, if applicable.

Q. How many times a year can I visit my dentist?

A. You are encouraged to visit your dentist regularly. With your CompBenefits' DHMO Plan, you are not limited to a specific number of visits per year.

Q. How do I make appointments?

A. Making an appointment is easy. Once you have selected your participating dentist, simply call the dental office on or after the date you receive your certificate of coverage and make your appointment. Your enrollment information will already be at the participating dentist's office or on its way to confirm that you are eligible for treatment.

Q. What if I need a specialty dentist?

A. When you need treatment from a specialty dentist, you can visit one of the participating specialty dentists from our network, and he or she will reduce normal charges by 25 percent.

Q. Is there any maximum coverage limitation?

A. No, there are no maximum coverage limitations.

Q. How do I pay for services?

A. You make your co-payments to the dentist at time of service.

Q. What if I go to a non-participating dentist?

A. You will not be eligible for benefits from a non-participating dentist. You must seek treatment from the participating dentist you selected.

Q. Can I change my dentist?

A. Yes. You can easily change dentists by logging onto www.mycompbenefits.com or by calling the Customer Care Department at 1-800-342-5209. There is no coverage if services are rendered by a non-participating Provider and you will be responsible for all charges.

Q. Can I go online to find out more about my plan or get assistance?

A. Yes. After you enroll, you can visit www.mycompbenefits.com to register and learn about your plan, to check your benefits, to use our Provider Locator, to change your dentist selection, to send us an e-mail, and more.

Q. How do I order an ID card?

A. You can download and print a temporary ID card or order a new ID card at www.mycompbenefits.com, or you can call our Customer Care Department at 800-342-5209.

DHMO (Dental Health Maintenance Organization) Option I (PST45) and Option II (PST15)



Option I and Option II

You must select a Participating General Dentist from the enclosed provider directory.

Benefits Include:

• No-Charge Services:

Oral Exams

Routine Semi-Annual Cleanings

X-Rays

Fluoride Treatment

• Other Features:

No Deductibles

No Claim Forms

No Annual Dollar Maximum

No Pre-Existing Dental Exclusions

Also Included:

- Specialists' co-pays now the same as General Dentists
- Vision/Hearing Benefits
- Out-of-Area Emergency Benefits

	DHMO Option I (PST45)	DHMO Option II (PST15)
Active Employee — Rates Per Pay Period		
Employee	\$ 3.77	\$ 6.29
Employee + One	\$ 7.54	\$ 10.48
Family	\$ 11.30	\$ 15.71
Head Start — Rates Per Pay Period		
Employee	\$ 4.52	\$ 7.55
Employee + One	\$ 9.05	\$ 12.58
Family	\$ 13.56	\$ 18.85
Retiree — Rates Per Month		
Employee	\$ 7.54	\$ 12.58
Employee + One	\$ 15.08	\$ 20.96
Family	\$ 22.60	\$ 31.42

Eligibility

You, your spouse and legal dependents under the age of 25 are eligible for dental coverage. Unmarried children, step-children, adopted children and legal wards qualify as dependents.

DHMO

Option I (PST45) and Option II (PST15)

Partial List of Co-payments

The following is a sample of some of the most frequently used dental treatments. When you enroll under CompBenefits' coverage, treatments you receive from your Participating General Dentist will be provided at discounted fees called co-payments. After you enroll, a complete list of co-payments will be mailed to your home along with your Certificate of Benefits. The example below demonstrates your savings with CompBenefits coverage versus what you would pay for the same services without CompBenefits.

DENTAL TREATMENT	OPTION I (PST45) CO-PAYMENT	OPTION II (PST15) CO-PAYMENT	WITH NO COVERAGE	DENTAL TREATMENT	OPTION I (PST45) CO-PAYMENT	OPTION II (PST15) CO-PAYMENT	WITH NO COVERAGE
APPOINTMENTS				ORAL SURGERY cont'd			
Office Visit	\$5	\$5	\$60	Removal of Impacted Tooth			
Initial Oral Evaluation	No Charge	No Charge	\$57	Soft Tissue	\$70	\$40	\$214
Periodic Oral Evaluation	No Charge	No Charge	\$33	Partial Bony	\$85	\$60	\$285
DIAGNOSTIC DENTISTRY	Ü	, and the second		Complete Bony	\$135	\$75	\$334
Complete X-ray series,	No Charge	No Charge	\$106	OTHER SERVICES			
(incl. bitewings)	. 10 0.10.90	r to onalgo	Ψ.00	Local Anesthesia	No Charge	No Charge	\$26
Study models	No Charge	No Charge	\$75	(with operative procedures)	140 Charge	1 to charge	ΨΖΟ
PREVENTIVE DENTISTRY			4	ORTHODONTICS			
Routine Cleaning-Adult*	No Charao	No Charao	\$60	The following co-payments, wh	iah pravida up ta 24 .	mantha of routing C	Arthadantias fai
Routine Cleaning-Adult Routine Cleaning-Child*	No Charge No Charge	No Charge No Charge	\$42	0			
9	_			Types I, II and III services, appl		g Orinodoniisis and	ranicipaling
Application of Fluoride**	No Charge	No Charge	\$65	General Dentists who perform t			
Oral Hygiene Instruction	No Charge	No Charge	\$49 \$38		rthodontic Treatment fo		e age of 19
Application of Sealant (ea. tooth)	\$14	\$7		8090 Oı	rthodontic Treatment fo	r Adults	
Fixed Space Maintainer	\$60 + LAB	\$45 + LAB	\$240		Option I (PST4	45)	
*(once every six months)					Child	Adult	
**(up to 16 yrs. of age)				Consultation	No Charge	No Charge	
FILLINGS/CROWNS				Exam/Evaluation	\$35	\$35	
Silver Fillings				Records/Treatment Planning	\$250	\$250	
One Surface	\$20	No Charge	\$82	Orthodontic Treatment	\$2,100	\$2,300	
Two Surfaces	\$25	No Charge	\$104	Retention	\$450	\$450	
Three Surfaces	\$35	No Charge	\$125		Option II (PST	15)	
White Fillings					Child	Adult	
One Surface, Anterior	\$45	\$30	\$99	Consultation	No Charge	No Charge	
Two Surfaces, Anterior	\$50	\$ 37	\$127	Exam/Evaluation	\$35	\$35	
Three Surfaces, Anterior	\$57	\$45	\$155	Records/Treatment Planning	\$250	\$250	
Crowns				Orthodontic Treatment	\$1,650	\$1,850	
Porcelain to High Noble Metal	\$305*	\$240*	\$778	Retention	\$450	\$450	
Three Quarter Cast Crown	\$295*	\$220*	\$584	Kelelilleli	Ψ-30	Ψ-30	
*(cost of precious & semi-precio	ous metal is addt'l)			THE ABOVE CO DAYMENT	S DO NOT INCLU	OF THE ADDITIO	NIAL COST
ROOT CANALS				THE ABOVE CO-PAYMENT		DE THE ADDITIO	NAL COST
Anterior	\$140	\$100	\$555	OF PRECIOUS AND SEMI-			I D
Bicuspid	\$225	\$190	\$678	All procedures listed may not b		, ,	,
Molar	\$275	\$240	\$876	select. The co-payments shown			
PERIODONTICS		•	·	Dentists who do perform those			
Periodontal Scaling & Root				availability of the scheduled se			
Planing, per quadrant	\$60	\$45	\$186	Procedures not listed on the sch			
Full Mouth Debridement	\$40	\$35	\$124	Participating General Dentist w	-	Participating Gener	ral Dentist's
	\$40	φου	\$124	usual and customary fee less 2			
DENTURES	4005	40.40	41.057	SPECIALISTS: Should you nee			
Complete Denture-Upper	\$325	\$260	\$1,057	Surgeon, Periodontist, Prosthod			, ,
Complete Denture-Lower	\$325	\$260	\$1,057	Participating General Dentist. C	Co-payment amounts a	re applicable wher	n treatment is
Partial Denture-Upper	\$320	\$280	\$892	performed by selected Participa	ating General Dentists	or by Participating	Specialists.
Partial Denture-Lower	\$320	\$280	\$892	Benefits for procedures not liste	d on the schedule of b	penefits, that are pe	erformed by a
ORAL SURGERY				Participating Specialist are ava	ilable at the Participat	ing Specialist's usu	al and cus-
Single Tooth Extraction	\$20	No Charge	\$97	tomary fee less 25%.			
Each Addt'l Tooth Extraction	\$20	\$10	\$92	NOTE: When crown and/or l	oridgework exceeds si	x consecutive units	the patient
				may be charged an additional			1 -



Schedule of Benefits and Subscriber Co-payments

Option I (PST45)

PRESTIGE 45

ADA CO	DE PROCEDURE	PATIENT PAYS	ADA CO	DDE PROCEDURE	PATIENT PAYS
APPOIN'	TMENTS		PERIOD	ONTICS (Gum treatment) cont'd.	
9430	Office visit (normal hours)		4271	Free soft tissue graft	\$215.00
9430	Emergency visit (regular hours)		4341	Periodontal scaling and root planing - per quadrant	\$60.0C
9440 0999	Emergency visit (after hours)	\$35.00	4355 4381	Full mouth debridement	\$40.00
0999	(without 24 hr notice, per 15 min)	\$10.00	4301	Localized delivery of chemotherapeutic agents (2 teeth)	\$60.00
	Maximum \$40 per broken appointment.	Ψ10.00	4910	Periodontal maintenance procedures	
	No charge will be made due to emergencies.			IODONTICS	
DIAGNO				complete dentures (includes adjustments within 30 days)	
0140/01	50/0160		5110	Complete maxillary (upper)	\$325.00
	Oral evaluation		5120	Complete mandibular (lower)	\$325.00
0120	Periodic oral evaluation		5130	Immediate maxillary (upper)	
0470 0999	Diagnostic casts (study models)		5140	Immediate mandibular (lower)	\$345.00
9310	Diagnosis and treatment plan presentation	NO CHARGE		entures (includes adjustments within 30 days) 212 Maxillary/mandibular partial - resin base	
9310	by participating dentist	\$20.00	3211/3	(with 2 clasps)	\$320.00
0460	Pulp vitality tests		5213/5	214 Maxillary/mandibular partial - cast	φ020.00
	RAPHS (X-rays)			metal with resin base (with 2 clasps)	\$450.00
0210	Intraoral - complete series	NO CHARGE	5410/5	411 Adjust complete - maxillary/mandibular	\$15.00
0220	Intraoral - periapical - first film	NO CHARGE	5421/5	422 Adjust partial denture - maxillary/mandibular	\$15.00
0230	Intraoral - periapical - each additional film	NO CHARGE	5999	Additional clasps	\$35.00
0270	Bitewings - single film			S TO PROSTHETICS	
0272	Bitewings - two films			610 Repair broken resin denture base	
0274	Bitewings - four films			640 Replace missing or broken teeth (each tooth) 640 Each additional tooth	
0330	Panoramic	NO CHARGE	5630	Repair or replace broken clasp	
PREVENT	20 Prophylaxis (routine, once every 6 months)	NO CHAPGE	5650	Add tooth to existing partial denture	
1110/11	20 Additional prophylaxis	\$24.00		851 Tissue conditioning	
1201/12	O3 Topical application of fluoride	Ψ24.00		731/5740/5741	
.20., .2	(up to 16 years of age)	NO CHARGE		Relining (chairside)	\$55.00
1351	Sealant - per tooth	\$14.00	5750/5	751/5760/5761	
1330	Oral hygiene instruction	NO CHARGE		Relining (laboratory)	\$45.00 *
SPACE N	IAINTAINERS			TIONS/ORAL SURGERY	
1510	Fixed, unilateral		7110	Single tooth	\$20.00
1515	Fixed, bilateral		7120	Each additional tooth (per visit)	\$20.00
1520	Removable, unilateral		7130	Root removal - exposed roots	\$25.00
1525 1550	Removable, bilateral		7210 7220	Soft tissue impaction	
	Recementation of space maintainer		7230	Partially bony impaction	
2999	ATIVE (Fillings) Sedative base (under fillings)	NO CHARGE	7240	Completely bony impaction	
	m (Silver)	NO CHARGE	7250	Surgical removal of residual tooth roots	
2110/21	40 One surface	\$20.00	<i>7</i> 310	Alveoloplasty in conjunction	
	50 Two surfaces			with extractions - per quadrant	\$40.00
	60 Three surfaces		<i>7</i> 320	Alveoloplasty not in conjunction	470.00
2131/21	61 Four or more surfaces	\$45.00	7510	with extractions - per quadrant	\$/0.00
Resin re	storation (Including acid etch, glass ionomer l	iner)	<i>7</i> 510	Incision and drainage (intraoral)	\$20.00
2330	Anterior one surface	\$45.00	ANESTH 9215	Local anesthesia	NO CHARCE
2331	Anterior two surfaces		9213	Analgesia (nitrous oxide - per 15 minutes)	
2332	Anterior three surfaces			CTIVE SERVICES	φ ι υ .00
2510	Inlay - metallic - one surface		9951	Occlusal adjustment - limited	\$35.00
2520 2530	Inlay - metallic - two surfaces		9952	Occlusal adjustment - complete	
2940	Sedative filling			DONTICS	
	& BRIDGE	Ψ13.00		080/8090 Children up to 19 years of age	
2930	Prefabricated stainless steel - primary tooth	\$55 ∩∩	Up to 24	months of routine orthodontic treatment for Type I and Typ	e II cases
	91/2792/6790/6791/6792	φ55.00		Consultation	NO CHARGE
, /	Full cast crown	\$295.00		Evaluation	
2750/27	51/2752/6750/6751/6752			Records/Treatment Planning	
	Porcelain fused to metal crown		0000	Orthodontic Treatment	\$2,100.00
2810	Three quarter cast crown	\$295.00	8090	Adults 19 years of age and over	
Pontics			up to 24	months of routine orthodontic treatment for Type I and Typ Consultation	
6210/62	11/6212	****		Consultation Evaluation	
40407/0	Full cast pontic	\$295.00		Records/Treatment Planning	
0240/62	41/6242	4205.00		Orthodontic Treatment	
2950	Porcelain fused to metal pontic		8680	Retention	
2951	Pin Retention - Per Tooth			OVE CO-PAYMENTS DO NOT INCLUDE THE ADD	
2952	Cast post and core			US AND SEMI-PRECIOUS METAL.	
2954	Prefabricated post and core	\$85.00	All proce	dures listed may not be performed by the Participating Ge	
	20/6930		The co-po	ayments shown apply to those CompBenefits Participating (General Dentists who do
	Recement inlay/onlay/crown/bridge (per unit)	\$15.00		hose services. Therefore, you are encouraged to discuss a	
ENDODO	ONTICS			ices with your Participating General Dentist. Procedures no	
3220	Therapeutic pulpotomy	\$35.00		ts, that are performed by the selected Participating Genera	
Root Ca	nals			articipating General Dentist's usual and customary fee less	
3310	Anterior			LISTS: Should you need a specialist (i.e., Endodontist, Or	
3320	Bicuspid			ist, Prosthodontist, Pediatric Dentist), you may be referred b	
3330	Molar		General	Dentist. Co-payment amounts are applicable when treatme	nt is performed by
3410	Anicoectomy (anterior only)	\$140.00	selected	Participating General Dentist or by Participating Specialists	 benefits for procedures

PERIODONTICS (Gum treatment)

3410

4211

4220 4260 charged an additional \$25.00 per unit.

* Plus laboratory fees when applicable.

Gingivectomy/gingivoplasty - per quadrant. \$140.00
Gingivectomy/gingivoplasty - per tooth. \$43.00
Gingival curettage, surgical - per quadrant \$85.00

Osseous surgery - per quadrant \$85.00

Osseous surgery - per quadrant \$300.00

General Dentist. Co-payment amounts are applicable when treatment is performed by selected Participating General Dentist or by Participating Specialists. Benefits for procedures not listed on the schedule of benefits, that are performed by a Participating Specialist are available at the Participating Specialist's usual and customary fee less 25%.

NOTE: When crown and/or bridgework exceeds six consecutive units, the patient may be



Schedule of Benefits and Subscriber Co-payments

Option II (PST15)

PRESTIGE 15

	-NI=6	PATIENT PAYS
APPOINTM 9430	Office Visit (normal hours)	\$5.00
9430	Emergency visit (regular hours)	
9440	Emergency visit (after hours)	
0999	Broken appointments	410.00
	(without 24 hr notice, per 15 min)	\$10.00
	No charge will be made due to emergencies.	
DIAGNOST 0140/0150		
3140/0130/	Oral evaluation	NO CHARGE
0120	Periodic oral evaluation	
0470	Diagnostic casts (study models)	NO CHARGE
0999 9310	Diagnosis and treatment plan presentation	NO CHARGE
9310	participating dentist	\$10.00
0460	Pulp vitality tests	NO CHARGE
	PHS (X-rays)	
0210	Intraoral - complete series	
0220 0230	Intraoral - periapical - first film	NO CHARGE
0270	Bitewings - single film	NO CHARGE
0272	Bitewings - two films	
0274	Bitewings - four films	NO CHARGE
0330	Panoramic	NO CHARGE
PREVENTIV	Prophylaxis (routine, once every 6 months)	NIO CHARCE
	Additional prophylaxis	
1201/1203	Topical application of fluoride	
	up to 16 years of age)	NO CHARGE
1351	Sealant - per tooth	\$7.00
1330	Oral hygiene instruction	NO CHARGE
SPACE MAI 1510	NTAINERS Fixed, unilateral	¢ 15 00 *
1515	Fixed, bilateral.	
1520	Removable, unilateral	
1525	Removable, bilateral	85.00 *
1550	Recementation of space maintainer	\$10.00
	VE (Fillings) Sedative base (under fillings)	NO CLIADOF
2999 A		NO CHARGE
Amalgam (2110/2140	One surface	NO CHARGE
	Two surfaces	
	Three surfaces	
	Four or more surfaces	
kesin resto 2330	ration (including acid etch, glass ionomer line Anterior one surface	
2331	Anterior two surfaces.	
2332		
2510	Anterior three surfaces	\$45.00
	Inlay - metallic - one surface	\$85.00
2520	Inlay - metallic - one surface	\$85.00 \$95.00
2520 2530	Inlay - metallic - one surface	\$85.00 \$95.00 \$120.00
2520 2530 2940	Inlay - metallic - one surface	\$85.00 \$95.00 \$120.00
2520 2530 2940 CROWN &	Inlay - metallic - one surface	\$85.00 \$95.00 \$120.00 \$15.00
2520 2530 2940 CROWN & 2930	Inlay - metallic - one surface	\$85.00 \$95.00 \$120.00 \$15.00
2520 2530 2940 CROWN & 2930 2790/2791,	Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three surfaces Sedative filling BRIDGE Prefabricated stainless steel - primary tooth /2792/6790/6791/6792 Full cast crown	\$85.00 \$95.00 \$120.00 \$15.00 \$45.00
2520 2530 2940 CROWN & 2930 2790/2791,	Inlay - metallic - one surface	\$85.00 \$95.00 \$120.00 \$15.00 \$45.00
2520 2530 2940 CROWN & 2930 2790/2791,	Inlay - metallic - one surface	\$85.00 \$95.00 \$120.00 \$15.00 \$220.00 \$220.00
2520 2530 2940 CROWN & 2930 2790/2791, 2750/2751,	Inlay - metallic - one surface	\$85.00 \$95.00 \$120.00 \$15.00 \$220.00 \$220.00
2520 2530 2940 CROWN & 2930 2790/2791, 2750/2751, 2810 Pontics	Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three surfaces Sedative filling BRIDGE Prefabricated stainless steel - primary tooth /2792/6790/6791/6792 Full cast crown /2752/6750/6751/6752 Porcelain fused to metal crown Three quarter cast crown	\$85.00 \$95.00 \$120.00 \$15.00 \$220.00 \$220.00
2520 2530 2940 CROWN & 2930 2790/2791, 2750/2751, 2810 Pontics	Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three surfaces Sedative filling BRIDGE Prefabricated stainless steel - primary tooth /2792/6790/6791/6792 Full cast crown /2752/6750/6751/6752 Porcelain fused to metal crown Three quarter cast crown	\$85.00 \$95.00 \$120.00 \$15.00 \$45.00 \$220.00 \$240.00
2520 2530 2940 CROWN & 2930 2790/2791, 2750/2751, 2810 Pontics 5210/6211,	Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three surfaces Sedative filling BRIDGE Prefabricated stainless steel - primary tooth /2792/6790/6791/6792 Full cast crown /2752/6750/6751/6752 Porcelain fused to metal crown Three quarter cast crown /6212 Full cast pontic /6242	\$85.00 \$95.00 \$120.00 \$15.00 \$45.00 \$220.00 \$220.00 \$220.00
2520 2530 2940 CROWN & 2930 2790/2791, 2750/2751, 2810 Pontics 5210/6211,	Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three surfaces Sedative filling BRIDGE Prefabricated stainless steel - primary tooth /2792/6790/6791/6792 Full cast crown /2752/6750/6751/6752 Porcelain fused to metal crown Three quarter cast crown /6212 Full cast pontic /6242 Porcelain fused to metal pontic	\$85.00 \$95.00 \$120.00 \$15.00 \$45.00 \$220.00 \$220.00 \$220.00
2520 2530 2940 CROWN & 2930 2790/2791, 2750/2751, 2810 Pontics 5210/6211, 5240/6241,	Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three surfaces Sedative filling BRIDGE Prefabricated stainless steel - primary tooth /2792/6790/6791/6792 Full cast crown /2752/6750/6751/6752 Porcelain fused to metal crown Three quarter cast crown /6212 Full cast pontic /6242 Porcelain fused to metal pontic Core build up	\$85.00 \$95.00 \$120.00 \$15.00 \$45.00 \$220.00 \$240.00 \$220.00 \$240.00 \$240.00
2520 2530 2940 CROWN & 2930 2790/2751, 2750/2751, 2810 Pontics 5210/6211, 5240/6241,	Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three surfaces Sedative filling BRIDGE Prefabricated stainless steel - primary tooth 2792/6790/6791/6792 Full cast crown 2752/6750/6751/6752 Porcelain fused to metal crown Three quarter cast crown /6212 Full cast pontic /6242 Porcelain fused to metal pontic Core build up Pin Retention - Per Tooth	\$85.00 \$95.00 \$120.00 \$15.00 \$45.00 \$220.00 \$220.00 \$240.00 \$220.00
2520 2530 2940 CROWN & 2930 2790/2751, 2810 Pontics 5210/6211, 5240/6241, 2950 2951	Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three surfaces Sedative filling BRIDGE Prefabricated stainless steel - primary tooth /2792/6790/6791/6792 Full cast crown /2752/6750/6751/6752 Porcelain fused to metal crown Three quarter cast crown /6212 Full cast pontic /6242 Porcelain fused to metal pontic Core build up Pin Retention - Per Tooth Cast post and core	\$85.00 \$95.00 \$120.00 \$15.00 \$45.00 \$220.00 \$220.00 \$220.00 \$220.00 \$240.00 \$40.00 \$12.00 \$90.00
2520 2530 2940 CROWN & 2930 2790/2751, 2750/2751, 2810 Pontics 5210/6211, 5240/6241, 2950 2951 2952 2952	Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three surfaces Sedative filling BRIDGE Prefabricated stainless steel - primary tooth /2792/6790/6791/6792 Full cast crown /2752/6750/6751/6752 Porcelain fused to metal crown Three quarter cast crown /6212 Full cast pontic /6242 Porcelain fused to metal pontic Core build up Pin Retention - Per Tooth Cast post and core Prefabricated post and core	\$85.00 \$95.00 \$120.00 \$15.00 \$45.00 \$220.00 \$220.00 \$240.00 \$220.00 \$12.00 \$90.00 \$75.00
2520 2530 2940 CROWN & 2930 2790/2751, 2750/2751, 2810 Pontics 5210/6211, 5240/6241, 2950 2951 2952 2954 2910/2920,	Inlay - metallic - one surface	\$85.00 \$95.00 \$120.00 \$15.00 \$45.00 \$220.00 \$220.00 \$240.00 \$220.00 \$12.00 \$90.00 \$75.00
2520 2530 2940 CROWN & 2930 2790/2751, 2810 Pontics 5210/6211, 5240/6241, 2950 2951 2952 2954 2910/2920,	Inlay - metallic - one surface	\$85.00 \$95.00 \$120.00 \$15.00 \$45.00 \$220.00 \$220.00 \$220.00 \$220.00 \$240.00 \$40.00 \$12.00 \$90.00 \$75.00
2520 2530 2940 EROWN & 2930 2790/2791, 2750/2751, 2810 Pontics 5210/6211, 5240/6241, 2950 2951 2952 2954 2910/2920, ENDODON	Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three surfaces Sedative filling BRIDGE Prefabricated stainless steel - primary tooth /2792/6790/6791/6792 Full cast crown /2752/6750/6751/6752 Porcelain fused to metal crown Three quarter cast crown /6212 Full cast pontic /6242 Porcelain fused to metal pontic Core build up Pin Retention - Per Tooth Cast post and core /6930 Recement inlay/onlay/crown/bridge (per unit) TICS Therapeutic pulpotomy	\$85.00 \$95.00 \$120.00 \$15.00 \$45.00 \$220.00 \$220.00 \$220.00 \$220.00 \$240.00 \$40.00 \$12.00 \$90.00 \$75.00
2520 2530 2940 CROWN & 2930 2790/2751, 2750/2751, 2810 Pontics 5210/6211, 5240/6241, 2950 2951 2952 2954 2910/2920, ENDODON	Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three surfaces Sedative filling BRIDGE Prefabricated stainless steel - primary tooth /2792/6790/6791/6792 Full cast crown /2752/6750/6751/6752 Porcelain fused to metal crown Three quarter cast crown /6212 Full cast pontic /6242 Porcelain fused to metal pontic Core build up Pin Retention - Per Tooth Cast post and core Prefabricated post and core /6930 Recement inlay/onlay/crown/bridge (per unit) ITCS Therapeutic pulpotomy	\$85.00 \$95.00 \$120.00 \$15.00 \$45.00 \$220.00 \$240.00 \$220.00 \$240.00 \$240.00 \$12.00 \$90.00 \$75.00 \$10.00
2520 2530 22940 CROWN & 2930 2790/2751, 2750/2751, 2810 Pontics 5210/6211, 5240/6241, 2950 2951 2952 2954 2910/2920, ENDODON 3320 Root Canal	Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three surfaces Sedative filling BRIDGE Prefabricated stainless steel - primary tooth /2792/6790/6791/6792 Full cast crown /2752/6750/6751/6752 Porcelain fused to metal crown Three quarter cast crown /6212 Full cast pontic /6242 Porcelain fused to metal pontic Core build up Pin Retention - Per Tooth Cast post and core /6930 Recement inlay/onlay/crown/bridge (per unit) TICS Therapeutic pulpotomy	\$85.00 \$95.00 \$120.00 \$15.00 \$45.00 \$220.00 \$220.00 \$220.00 \$220.00 \$240.00 \$12.00 \$90.00 \$75.00 \$30.00
2520 2530 2940 CROWN & 2930 2790/2751, 2810 Pontics 5210/6211, 5240/6241, 2950 2951 2952 2954 2910/2920, ENDODON' 3220 Root Canal 3310 3320	Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three surfaces Sedative filling BRIDGE Prefabricated stainless steel - primary tooth /2792/6790/6791/6792 Full cast crown /2752/6750/6751/6752 Porcelain fused to metal crown Three quarter cast crown /6212 Full cast pontic /6242 Porcelain fused to metal pontic Core build up Pin Retention - Per Tooth Cast post and core /6930 Recement inlay/onlay/crown/bridge (per unit) ITICS Therapeutic pulpotomy S Anterior Bicuspid Molar	\$85.00 \$95.00 \$120.00 \$15.00 \$220.00 \$220.00 \$240.00 \$220.00 \$240.00 \$12.00 \$90.00 \$75.00 \$10.00 \$10.00 \$10.00 \$240.00
2520 2530 2940 CROWN & 2930 2790/2751, 2750/2751, 2810 Pontics 5210/6211, 5240/6241, 2950 2951 29952 2954 2910/2920, ENDODON' 3220 Root Canal 3310 3330 3410	Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - three surfaces Sedative filling BRIDGE Prefabricated stainless steel - primary tooth /2792/6790/6791/6792 Full cast crown /2752/6750/6751/6752 Porcelain fused to metal crown Three quarter cast crown /6212 Full cast pontic /6242 Porcelain fused to metal pontic Core build up Pin Retention - Per Tooth Cast post and core /6930 Recement inlay/onlay/crown/bridge (per unit) TICS Therapeutic pulpotomy S Anterior Bicuspid Molar Apicoectomy (anterior only)	\$85.00 \$95.00 \$120.00 \$15.00 \$220.00 \$220.00 \$240.00 \$220.00 \$240.00 \$12.00 \$90.00 \$75.00 \$10.00 \$10.00 \$10.00 \$240.00
2520 2530 2940 CROWN & 2930 2790/2791, 2750/2751, 2810 Pontics 6210/6211, 6240/6241, 2950 2951 2952 2954 2910/2920, ENDODON' 3320 Root Canal 3310 3320 3320 33410 PERIODON'	Inlay - metallic - one surface	\$85.00 \$95.00 \$120.00 \$15.00 \$45.00 \$220.00 \$220.00 \$220.00 \$240.00 \$12.00 \$12.00 \$12.00 \$10.00 \$10.00 \$10.00 \$190.00 \$190.00 \$190.00 \$190.00 \$190.00
2520 2530 2940 CROWN & 2930 2790/2791, 2750/2751, 2810 Pontics 5210/6211, 5240/6241, 2950 2951 2952 2954 2910/2920, ENDODON' 3220 Root Canal 33310 33320 33330 3410 PERIODON'	Inlay - metallic - one surface Inlay - metallic - two surfaces Inlay - metallic - two surfaces Sedative filling BRIDGE Prefabricated stainless steel - primary tooth /2792/6790/6791/6792 Full cast crown /2752/6750/6751/6752 Porcelain fused to metal crown Three quarter cast crown /6212 Full cast pontic /6242 Porcelain fused to metal pontic Core build up Pin Retention - Per Tooth Cast post and core /6930 Recement inlay/onlay/crown/bridge (per unit) TICS Therapeutic pulpotomy S Anterior Bicuspid Molar Apicoectomy (anterior only) TICS (Gum treatment) Gingivectomy/aingivoplasty - per guadrant	\$85.00 \$95.00 \$120.00 \$120.00 \$15.00 \$45.00 \$220.00 \$220.00 \$220.00 \$240.00 \$40.00 \$40.00 \$12.00 \$75.00 \$10.00 \$10.00 \$190.00 \$190.00 \$190.00 \$240.00
2750/2751, 2810 Pontics 6210/6211, 6240/6241, 2950 2951 2952 2954 2910/2920, ENDODON' 3220 Root Canal 3310 3330 3330 3330	Inlay - metallic - one surface	\$85.00 \$95.00 \$120.00 \$120.00 \$15.00 \$220.00 \$220.00 \$220.00 \$220.00 \$240.00 \$40.00 \$40.00 \$12.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00

ADA CODE	PROCEDURE	PATIENT PAYS
PERIODONI	TICS (Gum treatment) cont'd	
4271	Free soft tissue graft	\$215.00
4341	Periodontal scaling and root planing - per quadrant	\$45.00
4355	Full mouth debridement	\$35.00
4381	Localized delivery of chemotherapeutic agents (2 teeth)	¢ 4 5 00
4910	Periodontal maintenance procedures	
PROSTHOD	·	
Standard com	olete dentures (includes adjustments within 30 days)	
5110	Complete maxillary (upper)	\$260.00
5120	Complete mandibular (lower)	\$260.00
5130	Immediate maxillary (upper)	\$280.00
5140	Immediate mandibular (lower)	\$280.00
	s (includes adjustments within 30 days)	
5211/5212	Maxillary/mandibular partial - resin base	4000 00
5010/5014	(with 2 clasps)	\$280.00
3213/3214	metal with resin base (with 2 clasps)	\$350.00
5410/5411	Adjust complete - maxillary/mandibular	\$15.00
	Adjust partial denture - maxillary/mandibular	\$15.00
5999	Additional clasps	\$30.00
	PROSTHETICS	
5510/5610	Repair broken resin denture base	\$15.00 *
	Replace missing or broken teeth (each tooth)	
	Each additional tooth	
5630	Repair or replace broken clasp	\$15.00 *
5650	Add tooth to existing partial denture	\$30.00 ^
5730/5731/	75740 / 5741	\$23.00
37 007 37 017	Relining (chairside)	\$45.00
5750/5751/	′5760 <i>/</i> 5761	
	Relining (laboratory)	\$35.00 *
EXTRACTIO	NS/ORAL SURGERY	
7110	Single tooth	NO CHARGE
7120	Each additional tooth (per visit)	\$10.00
7130 7210	Root removal - exposed roots	\$10.00
7220	Soft tissue impaction	
7230	Partially bony impaction	
7240	Completely bony impaction	\$75.00
7250	Surgical removal of residual tooth roots	
7310	Alveoloplasty in conjunction	
	with extractions - per quadrant	\$20.00
7320	Alveoloplasty not in conjunction	450.00
7510	with extractions -per quadrant	\$50.00
<i>7</i> 510	Incision and drainage (intraoral)	\$20.00
ANESTHESIA 9215	Local anesthesia	NIO CHARCE
9230	Analgesia (nitrous oxide - per 15 minutes)	\$15.00
ADJUNCTIV		ψ15.00
9951	Occlusal adjustment - limited	\$25.00
9952	Occlusal adjustment - complete	
ORTHODON	·	,
8070/8080/	'8090 Children up to 19 years of age	
Up to 24 mon	ths of routine orthodontic treatment for Type I and Type II cases	
	Consultation	
	Evaluation	
	Records/Treatment Planning	
8090	Orthodontic Treatment	
	ths of routine orthodontic treatment for Type I and Type II cases	
5p 10 24 111011	Consultation	NO CHARGE
	Evaluation	
	Records/Treatment Planning	
0.4.00	Orthodontic Treatment	
8680	Retention	Additional

THE ABOVE CO-PAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS AND SEMI-PRECIOUS METAL.

All procedures listed may not be performed by the Participating General Dentist you select. The co-payments shown apply to those CompBenefits Plan Participating General Dentists who do perform those services. Therefore, you are encouraged to discuss availability of the scheduled services with your Participating General Dentist. Procedures not listed on the schedule of benefits, that are performed by the selected Participating General Dentist will be charged at that Participating General Dentist's usual and customary fee less 25%.

SPECIALISTS: Should you need a specialist (i.e., Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist), you may be referred by your Participating General Dentist. Co-payment amounts are applicable when treatment is performed by selected Participating General Dentist or by Participating Specialists. Benefits for procedures not listed on the schedule of benefits, that are performed by a Participating Specialist are available at the Participating Specialist?s usual and customary fee less 25%.

NOTE: When crown and/or bridgework exceeds six consecutive units, the patient may be charged an additional \$25.00 per unit.

^{*} Plus laboratory fees when applicable.

SHELBY COUNTY GOVERNMENT - DHMO PROVIDER DIRECTORY FOR PLANS I AND II

CompBenefits

GENERAL DENTISTS

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Mississippi

Clarksdale

Bailey Jr., DDS, Malcolm D. Facility # 583543 Lang:SP 130 LEE Dr 38614 (662)627-4791 Min Age: 4 Bailey, DDS, Malcolm D Plans I & II

Long, DDS, Robert E. Facility # 583522 527 Desoto Ave 38614 (662)627-2565 Min Age: 3 Long, DDS, Robert E. Plans I & II

Tennessee

Collierville

Collierville Family Dentistry Facility # 840221 2130 W Poplar Ave Ste 106 38017 (901)861-7007 Min Age: 4

Plans I & II Ballard, DDS, Steve D. Plans I & II Belisle, DDS, Jodice L. Plans I & II Dickinson-Branch, DDS, Phyllis Plans I & II McGee, DDS, Patrick E. Plans I & II

Ploch, DDS, PC, Thomas K. 2028 W Poplar Ave Ste 111 38017 Min Age: 3

Plans I & Ilno new CompBenefits patients accepted

Cordova

Cordova Family Dentistry Facility # 820079 8520 Macon Rd Ste 1 38018 (901)754-4383 Min Age: 4

Plans I & II Calderon, DDS, Melissa Plans I & II McGee, DDS, Patrick E. Plans I & II

Cordova Smiles Facility # 192337 8295 Cordova Rd Ste 101 38016 (901)737-0957 Min Age: 5 Macaraeg, DDS, Teresa Plans I & II

Dental Cares
1890 N Germantown Pkwy Ste 105
38016
Min Age: 5
Smith, DDS, William M
Plans ik Ilno new CompBenefits
patients accepted

Garrett, DDS. Floyd
Facility # 820225
8089 Walnut Run Rd
38018 (901)737-8981
Min Age: 3
Garrett, DDS, Floyd
Plans I & II
Tompkins, DDS, William P.
Plans I & II

Smith, DDS, David W.
831 Timber Creek Dr Ste 1
38018
Min Age: 5
Smith, DDS, David W.
Plans I & Ilno new CompBenefits patients accepted

Taylor, DDS, Stuart M.
86 Timber Creek Dr Ste 3
38018 (901)756-0002
Min Age: 4
Taylor, DDS, Charlotte R
Plans I & Ilno new CompBenefits
patients accepted
Taylor, DDS, Stuart M
Plans I & Ilno new CompBenefits
patients acc

Winbush, DDS, PC, Sharifa, H Facility # 191183 2845 N Houston Levee Rd Ste 10 38016 (901)266-0555 Min Age: 3 Winbush, DDS, Sharifa H Plans I & II

Germantown

Kutas, DDS, Patrick W.
7512 Corporate Center Dr
38138
Min Age: 3
Kutas, DDS, Patrick W
Plans I & Ilno new CompBenefits
patients accepted

Pulido, DDS, Mike 8590 Farmington Blvd Ste 5 38139 Min Age: 3 Pulido, DDS, Miguel Plans I & Ilno new CompBenefits patients accepted

The Dental Office @ Saddle Cr Facility # 606050 7535 Poplar Ave 38138 (901)754-4200 Min Age: 0 Townsend, DDS, Carmel E Plans I & II

Memphis

Adams-Browne Dental Associates Facility # 820043 3333 Elvis Prsly Blvd Ste 202 38116 (901)332-7111 Min Age: 4 Adams-browne, DDS, Kaye Y Plans I & II Watson, DDS, William A Plans I & II

Associate Dental Group 2154 Frayser Blvd 38127 Min Age: 5

Plans I & Ilno new CompBenefits patients accepted

Associated Dentists
1279 Lamar Ave
38104
Min Age: 18
Sims, DDS, Larry D.
Plans I & Ilno new CompBenefits
patients accepted
Ballard Family Dentistry

Ballard Family Dentistry
Facility # 187627
2900 Kirby Rd Ste 12
38119 (901)756-8976
Min Age: 0
Ballard, DDS, Steve D.
Plans I & II

Bartlett Family Dentistry Facility # 820082 7519 US Highway 64 38133 (901)371-0609 Min Age: 7

Plans I & II Hodge, DDS, Tracy L Plans I & II McGee, DDS, Patrick E. Plans I & II Montoya, DDS, Jose L. Plans I & II Ross, DDS, Grayson Plans I & II

Centennial Village Dental Grp. Facility # 820010 7825 Winchester Rd Ste 115 38125 (901)752-1290 Min Age: 4

Plans I & II

Chinn Jr., DDS, PC, Harry J. 6622 Kirby Center Cv 38115 Min Age: 4 Chinn, DDS, Harry J Plans I & Ilno new CompBenefits patients accepted

Christian, DDS, Solomon

Christian, DDS, Solomon

Facility # 820044

3037 S Perkins Rd

38118 (901)566-1414

Min Age: 3

Christian, DDS, Solomon

Plans I & II

Cleo Kirk Dental Office
Facility # 820228
2523 Lamar Ave
38114 (901)743-5723
Min Age: 4
Kirk, DDS, Cleo C
Plans I & II

Dove, DDS, Laura Facility # 820199 7189 Stage Rd 38133 (901)373-3800 Min Age: 6 Dove, DDS, Laura B Plans I & II

East Memphis Dental Care Facility # 820065 6223 Mount Moriah Road Ext 38115 (901)794-3391 Min Age: 4 Spell III, DDS, Charlie Plans I & II

Hedgerow Family Dentistry
Facility # 820233
6757 E Shelby Dr
38141 (901)363-3144
Min Age: 3

Plans I & II Atkins, DDS, Tandra D Plans I & II Christion, DDS, Tracey Plans I & II O Neal, DDS, Joe Plans I & II

Hickory Hills Family Dentistry Facility # 840151 Lang:SP 3725 Riverdale Rd Ste 1 38115 (901)797-3077 Min Age: 4

Plans I & II

Johnson Jr., DMD, Joseph Facility # 820047 4299 Elvis Presley Blvd 38116 (901)346-3257 Min Age: 3 Johnson Jr., DMD, Joseph Plans I & II

Johnson, DDS, Dean Facility # 820009 1440 E Shelby Dr Ste 2 38116 (901)346-1171 Min Age: 4

Plans I & II

King, DDS, Dewitt H. Facility # 820050 2212 Airways Blvd 38114 (901)743-2055 Min Age: 4 King, DDS, Dewitt H Plans I & II

Kirby Parkway Dental Care Facility # 820078 4137 Kirby Pkwy 38115 (901)794-3391 Min Age: 4 Spell III, DDS, Charlie Plans I & II

Kutas, DDS, Timothy
519 N HIGHLAND St
38122
Min Age: 7
Kutas, DDS, Timothy W
Plans I & Ilno new CompBenefits
patients accepted

Meadows, DDS, Jeffrey R. Facility # 187281 Lang:SP 2900 Kirby Rd Ste 9 38119 (901)767-0507 Min Age: 4 Meadows, DDS, Jeff R

Plans I & II

Meekins, DDS, Richard D. 2390 Lamar Ave 38114 (901)743-0704 Min Age: 3 Meekins, DDS, Richard D. Plans I & Ilno new CompBenefits patients accepted

Miller Jr., DDS, Richard A. 640 S Perkins Rd 38117 Min Age: 5 Miller Jr., DDS, Richard A. Plans I & Ilno new CompBenefits patients accepted

Myers, DDS, Lee T. Facility # 820066 1952 Lamar Ave 38114 (901)276-4629 Min Age: 4

Plans I &

New Image Family Dentistry Facility # 187318 3719 Riverdale Rd 38115 (901)365-2000 Min Age: 3 Lyanderson, DDS, Tonya Plans I & II

New Image Family Dentistry
Facility # 995618 Lang:SP
2713 Mount Moriah Pkwy Ste 101
38115 (901)366-9953
Min Age: 2
Lyons Anderson, DDS, Tonya
Plans I & II

Oak Court Dental Clinic Facility # 840145 Lang:SP FR 4515 Poplar Ave Ste 227 38117 (901)680-9578 Min Age: 3 Leordeanu, DDS, Mihaela D. Plans I & II

Payne Family Dentistry
Facility # 186986
3574 Hickory Hill Rd
38115 (901)365-9054
Min Age: 1
Payne, DDS, Jackson L.
Plans I & II

Price, DDS, Vincent J. Facility # 820080 2900 Kirby Rd Ste 9 38119 (901)755-7392 Min Age: 4 Price, DDS, Vincent J Plans I & II

Raleigh Family Dentistry Facility # 820022 3068 Covington Pike Ste 2 38128 (901)386-2328 Min Age: 6

Plans I & II Holmes, DDS, Kurt M Plans I & II Ross, DDS, Grayson Plans I & II Townsend, DDS, Carmel E Plans I & II

Rutledge, DDS, Joel W. Facility # 187497 5100 Wheelis Dr Ste 214 38117 (901)767-1610 Min Age: 4 Rutledge Jr, DDS, Joel W Plans I & II

Shelby County Health Care Corp Facility # 187275 409 Ayers St 38105 (901)515-5600 Min Agps: 0 Thompson, DDS, Dwight E. Plans I & II

Shirley, DDS, Michael D. Facility # 820003 4302 Summer Ave 38122 (901)683-3849 Min Age: 3 Shirley, DDS, Michael D. Plans I & II

Smile Studios of Memphis Facility # 820222 1697 Bender Rd 38116 (901)346-1820 Min Age: 4 Alexander, DDS, Carlos D Plans I & II

Southgate Dental Clinic Facility # 840033 1799 S 3rd St 38109 (901)774-9602 Min Age: 2 Jeu, DDS, Richard C Plans I & II

Southwind Family Dentistry
Facility # 820087
7948 Winchester Rd Ste 108
38125 (901)624-0440
Min Age: 6

Plans I & II Holmes, DDS, Kurt M Plans I & II

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McGee, DDS, Patrick E. Plans I & II

Stanford, DDS, Jon C. Facility # 840051 3596 Park Ave 38111 (901)458-2617 Min Age: 3 Stanford, DDS, Jon C Plans I & II

<u>Stein, DDS, Gilbert G.</u> Facility # 603644 1715 Kirby Pkwy Ste 101 38120 (901)755-1177 Min Age: 0

Plans I & II

Sykes, DDS, O. T.
Facility # 820204
1399 Airways Blvd Ste 6
38114 (901)323-7613
Min Age: 5
Sykes, DDS, O. T.
Plans I & II

Union Ave Dental Associates Facility # 820198 1331 Union Ave Ste 1225 38104 (901)276-7314 Min Age: 5 O Neal, DDS, Joe Plans I & II

Uptown Dental Center LLC
Facility # 820203
493 N Front St Ste 101
38105 (901)527-2101
Min Age: 5
Branch, DDS, Joerald D
Plans I & II

Vance Dental Clinic Facility # 820223 516 Vance Ave 38126 (901)526-4442 Min Age: 2 Hudson III, DDS, Roy Plans I & II

Vincent Price DDS & Associates
Facility # 820036
1440 E Shelby Dr Ste 5
38116 (901)332-8729
Min Age: 4
Morris, DDS, Keith D
Plans I & II
Plans I & II
Plans I & II

Wanda Moreta DDS Facility # 187611 4325 Stage Rd Ste 2 38128 (901)385-2859 Min Age: 0 Moreta, DMD, Wanda E. Plans I & II

Oakland

Oakland Family Dentistry
Facility # 191514
7033 Highway 64
38060 (901)465-4655
Min Age: 0

Plans I & II

Stanton

Dr. C.R. White & Assoc Dental Facility # 820068 17 1st St 38069 (731)548-2400 Min Age: 3 White, DDS, Clarice R. Plans I & II

SOMERVILLE

Richardson Family Dentistry Facility # 187419 Lang:SP 17395 Us Highway 64 38068 (901)466-9833 Min Age: 3 Richardson, DDS, Dwayne Plans I & II

SPECIALISTS

Please Note:

This directory of participating providers reflects the most accurate and up-to-date listing of providers at the time of printing. This list of providers can and will change as some providers may elect to terminate or accept certain plans during the benefit year. Please call Customer Care at 1-800-342-5209 for more information on selecting a provider. You can also visit our website at www.compbenefits.com for a map to the provider locator icon located on our home page.

SOME SPECIALISTS DO NOT ACCEPT PLANS I AND II; PLEASE CONFIRM THAT THE SPECIALIST OF YOUR CHOICE ACCEPTS YOUR SPECIFIC PLAN BEFORE SEEKING TREATMENT BY CALLING 1-800-342-5209.

Endodontists

Tennessee

Memphis

Case, DDS, Julius F. 5565 Murray Rd 38119 (901)682-8437 Min Age: 12 Case, DDS, Julius F. Plans I & II

Taintor, DDS, Jerry F. 5370 Estate Office Dr Ste 2 38119 (901)684-1513 Min Age: 12 Taintor, DDS, Jerry F. Plans I & II

Oral Surgeons

Mississippi

Southaven

Albright & Smith Oral & Max 187 Stateline Rd E Ste 20 38671 (662)393-8093 Min Age: 0 Albright, DDS, J. E. Plans I & II Smith, DDS, Robert K.

Plans I & II

Tennessee

Collierville

Williams, DDS, Darren R. 1100 Poplar View Ln N Ste 1 38017 (901)854-4422 Min Age: 0 Williams, DDS, Darren R. Plans I & II

Memphis

Albright & Smith Oral & Max 766 S White Station Rd Ste 1 38117 (901)685-8090 Min Age: 0 Albright, DDS, J. E. Plans I & II Albright, DDS, Jimmy E Plans I & II McGuire, DDS, Taylor P. Plans I & II Peck, DDS, Russell C Plans I & II Smith, DDS, Robert K. Plans I & II

Cannon, DDS, John S. 1717 Kirby Pkwy 38120 (901)756-8475 Min Age: 0 Cannon, DDS, John S. Plans I & II Sexton, DDS, Stephen Barrett Plans I & II

CENTER FOR ORAL AND FACIAL SUR 1251 Wesley Dr Ste 101

38116 (901)398-0793 Min Age: 0 Meekins, DDS, Richard D Plans I & II Staples, DDS, Ronald C Plans I & II Williams, MD DDS, Michael A Plans I & II

McCullar, DDS, Bruce H. 805 Estate PI Ste 2 38120 (901)682-9713 Min Age: 0 Mccullar, DDS, Bruce H Plans I & II

Staples, DDS, Ronald C. 4250 Faronia Rd 38116 (901)398-0793 Min Age: 0 Meekins, DDS, Richard D

Plans I & II Staples, DDS, Ronald C Plans I & II

Williams, MD DDS, Michael A Plans I & II

Zelig, DDS, David 5575 Poplar Ave Ste 512 38119 (901)767-7741 Min Age: 0 Zelig, DDS, David Plans I & II

Orthodontists

Tennessee

Bartlett

The Orthodontic Clinic PC 6637 Summer Knoll Cir Ste 102 38134 (901)377-1744 Min Age: 0 Faleye, DMD, Adeola O Plans I & II

Cordova

Getman, DDS, Chris 1207 Macon View Dr Ste 101 38018 (901)843-2483 Min Age: 0 Getman, DDS, MDS, Chris H.

Plans I & II

Germantown

The Dental Office @ Saddle Cr 7535 Poplar Ave 38138 (901)754-4200 Min Age: 0 Muller, DDS, Lyle E. Plans I & II

Memphis

Carter, DDS, Ellen Phyllis 5180 Park Ave Ste 260 38119 (901)683-5827 Min Age: 7 Carter, DDS, Ellen Phyllis Plans I & II

Robinson, DDS, Quinton C. 5180 Park Ave Ste 260 38119 (901)683-6770 Min Age: 6 Robinson, DDS, Quinton C. Plans I & II

Tri State Orthodontics 5101 Sanderlin Ave Ste 108 38117 (901)767-6320 Min Age: 0 Watts, DDS, Samuel Plans I & II

Tri State Orthodontics 7970 Giacosa Pl Ste 104 38133 (901)937-7797 Min Age: 0 Watts, DDS, Samuel Plans I & II

Pediatric Dentists

Tennessee

Cordova

Cohen, DDS, Alka V. 8142 Country Village Dr # 101 38016 (901)756-4447 Min Age: 0 Cohen, DDS, Alka V. Plans I & II

Freeman, DDS, Daniel D. 1658 Appling Rd Ste 108 38016 (901)383-7337 Min Age: 0 Freeman, DDS, Daniel D. Plans I & II

Periodontists

Tennessee

Germantown

The Dental Office @ Saddle Cr 7535 Poplar Ave 38138 (901)754-4200 Min Age: 0 Fowler, DDS, Brenda L. Plans I & II

Memphis

Mustiful-Martin, DDS, Denise 1286 Peabody Ave 38104 (901)276-6000 Min Age: 0 Mustiful-Martin, DDS, Denise Plans I & II

Periodontal Assoc of Memphis 6268 Poplar Ave 38119 (901)761-3770 Min Age: 0 Binkley Jr., DDS, Les H. Plans I & II Craddock, DDS, Roger D. Plans I & II Godat, DDS, Mitchel S. Plans I & II

Frequently Asked Questions Options III and IV

Q. How does an Elite Preferred dental plan work?

A. Under our PPO plans, you do not have to pre-select a primary dentist. When you want dental services, make your appointment with any licensed dentist. When you receive treatment from a CompBenefits PPO dentist, your costs will be reduced. Once services are performed, you or your dentist must file a claim form in order to receive reimbursement. Your claim will be paid based on your group's schedule of benefits. The plan will pay a percentage of the eligible charges, up to the plan's annual limit for benefits.

Q. How do I select an in-network dentist?

A. You may choose a participating PPO general dentist from our expanded preferred provider directory available online at www.mycompbenefits.com. Participating general dentists in our network are conveniently located near your home or office. CompBenefits reviews each participating dentist's credentials before he or she is selected to join our network. By using an in-network dentist, you will receive the maximum benefit of your plan.

Q. How do I select an out-of-network dentist?

A. By choosing a general dentist not included in the preferred provider list at www.mycompbenefits.com, you have selected an out-of-network provider. You will be charged the dentist's usual fees for treatment. When you use an out-of-network dentist, your out-of-pocket costs will be greater than using an in-network dentist.

Q. When is predetermination required?

A. If planned treatment is going to cost more than \$200, you should ask your dentist to file for predetermination of benefits prior to treatment. Predetermination is not necessary for emergency treatment.

Q. How does my bill get paid?

A. Each dentist bills separately. Your dentist may agree to file your insurance claim for you. If he or she does not, however, you may be required to pay the entire bill at time of service and will need to submit a claim to CompBenefits for your reimbursement. Your reimbursement will be based on whether you have met any applicable deductible or coinsurance amounts. All financial arrangements concerning payment are strictly between you and your dentist and should be determined prior to treatment.

Q. Where do I send my claims?

A. You can get a claim form from CompBenfits' Customer Care department by calling 1-800-342-5209 or from our website, www.compbenefits.com

Mail your claim to: CompBenefits Claims P.O. Box 8236 Chicago, Illinois 60680-8236

Q. Can I go online to find out more about my plan or get assistance?

A. Yes. After you enroll, you can visit www.mycompbenefits.com to learn about your plan, to check your benefits, to use our Provider Locator, to change your dentist selection, to send us an e-mail, and more.

PPO (Preferred Provider Organization)

Option III (EP520) and Option IV (EP510)



Option III (EP520)

Benefits Include:

- Freedom of choice you may choose any licensed dentist.
- Out of Network reimbursements based on usual and customary rates.
- Benefits will be reimbursed based on % applicable to the type of service. See page 14 for In/Out of Network %.
- \$1,000 calendar year maximum per person.
- \$50 calendar year deductible per person. Waived for preventive services.
- Orthodontia is covered for dependent children 18 years of age or younger and has a \$500 calendar year maximum per person, \$1,000 lifetime maximum.
- You must file claim each visit.

Option IV (EP510)

Benefits Include:

- Freedom of choice you may choose any licensed dentist.
- Out of Network reimbursements based on usual and customary rates.
- Benefits will be reimbursed based on % applicable to the type of service. See page 15 for In/Out of Network %.
- \$1,500 calendar year maximum per person.
- \$50 calendar year deductible per person. Waived for preventive services.
- Orthodontia is covered for dependent children 18 years of age or younger and has a \$500 calendar year maximum per person, \$1,000 lifetime maximum.
- Crowns are covered at 80%.
- You must file claim each visit.

	PPO Option III (EP520)	PPO Option IV (EP510)
Active Employee — Rates Per Pay Period		
Employee	\$ 13.96	\$ 1 <i>7.75</i>
Employee + One	\$ 28.13	\$ 35.76
Family	\$ 40.20	\$ 51.11
Head Start — Rates Per Pay Period		
Employee	\$ 16.75	\$ 21.30
Employee + One	\$ 33.76	\$ 42.91
Family	\$ 48.24	\$ 61.33
Retiree — Rates Per Month		
Employee	\$ 27.92	\$ 35.50
Employee + One	\$ 56.26	\$ 71.52
Family	\$ 80.40	\$102.22

Other important information:

- Coordination of benefits is applicable.
- Pre-statement of benefits is requested.

Eligibility

You, your spouse and legal dependents under the age of 25 are eligible for dental coverage. Unmarried children, step-children, adopted children and legal wards qualify as dependents. Orthodontics on Options III and IV are covered on dependent children 18 years of age or younger only.

PPO Option III (EP520)

Option III Elite Preferred 520 (w/ortho)

Summary of Benefits

Partial Listing of In-Network Out-of-Network* Covered Services Reimbursements Reimbursements

Type I - Diagnostic & Preventive Services 100% 100%

Oral Exam (one every 6 months)

Prophylaxis (cleaning, once per six months)

Topical Fluoride (children under age 16, once per 12 months) X-Rays (limitations apply)

Sealants (1 per 3 year period; limited to children under 16 for non-carious molars)

Space Maintainers (limited to children under age 16)

Type II - Basic Services 80% 80%

Simple Restorative (amalgam, synthetic or composite filling) Emergency Palliative Treatment Endodontics (root canal)

Type III - Major Services 50% 50%

Major Restorations (Crowns/Inlays/onlays)
Periodontics (includes treatment of disease of the gum)
Bridge, Denture Repair
Prosthetics (bridge, denture)

Type IV - Orthodontics 50% 50%

Orthodontics (Dependent children 18 years of age or younger)

Maximum Benefits		Insured Individual and Dependents
Lifetime		
Type I, Type II, III Type IV	Unlimited \$1,000	Unlimited \$1,000
Calendar Year		
Type I, II, III Type IV	\$1,000 \$500	\$1,000 \$500
Deductible**		
Type I, Type II, III, Type IV	None \$50	None \$50

Because we specialize in dental, we can bring you benefits and services that other companies can't match!

Quick Claims Turnaround

CompBenefits' state of the art claims center provides fast reimbursement of your claims.

Access to Information

Our toll-free customer care number at 1-800-342-5209 has Customer Care Representatives who can provide the answers you need quickly and thoroughly.

Total Freedom of Choice

The plan provides you with total freedom of choice by allowing you to use any licensed dentist for treatment. The plan reimburses a percentage of eligible expenses based on the plan you have chosen.

Any way you add it up, CompBenefits really is the dental company of choice!

This brochure contains a brief description of the plan. A complete description of the coverage, including limitations on certain procedures, is found in the Schedule of Benefits Certificate of Group Dental Insurance.

^{*} coverage based on usual, customary and reasonable fees credited towards this plan's waiting periods, subject to Underwriting approval.

^{**} Maximum of 3 per family.

PPO Option IV (EP510)



Option IV Elite Preferred 510 (w/ortho)

Summary of Benefits

Partial Listing of In-Network Out-of-Network* Covered Services Reimbursements Reimbursements

Type I - Diagnostic &
Preventive Services 100% 100%

Oral Exam (one every 6 months)

Prophylaxis (cleaning, once per six months)

Topical Fluoride (children under age 18, once per 12 months) X-Rays (limitations apply)

Sealants (1 per 3 year period; limited to children under 16 for non-carious molars)

Space Maintainers (limited to children under age 16)

Type II - Basic Services 80% 80%

Simple Restorative (amalgam, synthetic or composite filling) Emergency Palliative Treatment

Endodontics (root canal

Periodontics (includes treatment of disease of the gum) Crowns

Type	III – M	aior ⁹	Services	50%	50%
Type	111 - 141	ajor :	bervices	30 /0	30 /0

Major Restorations (Inlays/onlays) Bridge, Denture Repair Prosthetics (bridge, denture)

Type IV - Orthodontics	50%	50%
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Orthodontics (Dependent children 18 years of age or younger)

Maximum Benefits		Insured Individual and Dependents				
Lifetime						
Type I, Type II, III Type IV	Unlimited \$1,500	Unlimited \$1,500				
Calendar Year						
Type I, II, III Type IV	\$1,500 \$750	\$1,500 \$750				
Deductible**						
Type I, Type II, III, Type IV	None \$50	None \$50				

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Any way you add it up, CompBenefits really is the dental company of choice!

This brochure contains a brief description of the plan. A complete description of the coverage, including limitations on certain procedures, is found in the Schedule of Benefits Certificate of Group Dental Insurance.

^{*} coverage based on usual, customary and reasonable fees

^{**} Maximum of 3 per family.

Limitations and Exclusions



Option I (PST45) and Option II (PST15)

LIMITATIONS AND EXCLUSIONS

- No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section VIII, Paragraph C of the Certificate.
- Whenever any Contributions or Co-payments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
- 3. Company does not provide coverage for the following services:
 - a) Cost of hospitalization and pharmaceuticals, drugs or medications.
 - b) Services which in the opinion of the Participating General Dentist or Participating Specialist are not Necessary Treatment to establish and/or maintain the Member's oral health.
- c) Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of the Member.
- d) Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the Member.
- e) Any dental treatment started prior to the Member's effective date for eligibility of benefits.
- f) Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.
- g) Treatment for cysts, neoplasms and malignancies.
- h) General anesthesia.

Option III (EP520) and IV (EP510)

MAJOR RESTORATIVE LIMITATIONS

The charges for Major Restorative services will be Covered Dental Expenses subject to the following:

- the denture or partial denture must replace a Natural Tooth extracted while insured for Dental Benefits under this policy;
- the fixed bridge (including a resin bonded fixed bridge) must replace a Natural Tooth extracted while insured for Dental Benefits under this policy;
- 3. the replacement of a partial denture, full denture, or fixed partial denture (including a resin bonded bridge), or the addition of teeth to a partial denture if: (a) replacement occurs at least five years after the initial date of insertion of the current full or partial denture or resin bonded bridge; (b) replacement occurs at least five years after the initial date of insertion of an existing implant or fixed bridge; (c) replacement prosthesis or the addition of a tooth to a partial denture is required by the necessary extraction of a Functioning Natural Tooth while insured for Dental Benefits under this policy; or (d) replacement is made necessary by a Covered Dental Injury to a partial denture, full denture, or fixed partial denture (including a resin bonded bridge) provided the replacement is completed within 12 months of the injury. Chewing injuries are not considered Covered Dental Injuries;
- the replacement of crowns, cast restorations, inlays, onlays or other laboratory prepared restorations if:
- replacement occurs at least five years after the initial date of insertion; and
 they are not serviceable and
- 6. cannot be restored to function;
- the replacement of an existing partial denture with fixed bridgework, only if upgrading
 to fixed bridgework is essential to the correction of the person's dental condition; and the
 replacement of teeth up to the normal complement of 32.

EXCLUSIONS

Benefits will not be paid for:

- procedures which are not included in the Schedule of Benefits; which are not medically necessary; which do not have uniform professional endorsement; are experimental or investigational in nature; for which the patient has no legal obligation to pay; or for which a charge would not have been made in the absence of insurance;
- any procedure, service, or supply which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least three years, as determined by CompBenefits Insurance Company;
- 3. any chewing injury. A chewing injury means an injury which occurs during the act of chewing or biting. The injury may be caused by biting on a foreign object not expected to be a normal constituent of food; by parafunctional habits, such as chewing on eyeglass frames or pencils; or by biting down on a suddenly dislodged or loose dental prosthesis.
- crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which
 may be restored with an amalgam or composite resin filling;
- appliances, inlays, cast restorations or other laboratory prepared restorations used primarily for the purpose of splinting;
- any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension; the alteration or restoration of occlusion including occlusal adjustment, bite registration, or bite analysis;

- 7. pulp caps, adult fluoride treatments, athletic mouthguards; myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; broken appointments; treatment of jaw fractures; orthognathic surgery; completion of claim forms; exams required by third party; personal supplies (e.g. water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances;
- B. charges for travel time; transportation costs; or professional advice given on the phone;
- P. procedures performed by a Dentist who is a member of Your immediate family;
- any charges, including ancillary charges, made by a hospital, ambulatory surgical center, or similar facility;
- 11. charges for treatment rendered: (a) in a clinic, dental or medical facility sponsored or maintained by the employer of any member of Your family; or (b) by an employee of the employer of any member of Your family;
- any procedure, service or supply required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the tempor mandibular joints or their associated structures;
- 13. charges for treatment performed outside of the United States other than for emergency treatment. Benefits for emergency treatment which is performed outside of the United States are limited to a maximum of \$100 (US dollars) per year;
- 14. the care or treatment of an injury or sickness due to war or an act of war, declared or undeclared;
- 15. treatment for cosmetic purposes; however, if the charges are made for the treatment of: (a) injuries sustained in an accident which happens while the patient is insured for Dental Benefits under this policy; or (b) congenital defects of a child born while his or the parent is insured, they will not be excluded if they qualify as Covered Dental Expenses. Facings on crowns or bridge units on molar teeth will always be considered cosmetic;
- 16. any services or supplies which do not meet the standards set by the American Dental Association or which are not reasonably necessary, or customarily used, for dental care;
- 17. procedures that are a covered expense under any other medical plan (established by the employer) which provides group hospital, surgical, or medical benefits whether or not on an insured basis;
- a sickness for which the patient can receive benefits under a workers' compensation act or similar law;
- 19. an injury that arises out of or in the course of a job or employment for pay or profit; or
- 20. charges to the extent that they are more than the Prevailing Fee. If the amount of the Prevailing Fee for a service cannot be determined due to the unusual nature of the service, CompBenefits Insurance Company will determine the amount. New Life will take into account: (a) the complexity involved; (b) the degree of professional skill required; and (c) other pertinent factors.

PREDETERMINATION

If Covered Dental Expenses for a procedure are expected to be more than \$300 it is recommended that you send a Dental Treatment Plan in prior to beginning treatment. Send preauthorization to CompBenefits, P.O. Box 8236 Chicago, IL 60680–8236. You and/or your dentist will be notified of the benefits payable based upon the Dental Treatment Plan.

This brochure contains a brief description of the plan. A complete description of the coverage, including limitations on certain procedures, is found in the Schedule.

SHELBY COUNTY GOVERNMENT PPO PROVIDER DIRECTORY FOR PLANS III AND IV

GENERAL DENTISTS

Please Note:

This directory of participating providers reflects the most accurate and up-to-date information available at the time of printing. This list of participating providers can and will change during the benefit year. Please call Customer Care at 1-800-342-5209 for more information or for assistance in selecting a provider. You can also visit our website at www.compbenefits.com for a map to the provider nearest your home or office by clicking on the provider locator icon on our home page.

Under Plans III and IV, you do not have to pre-select a primary dentist. When you want dental services, make your appointment with any licensed dentist. When you receive treatment from a CompBenefits PPO dentist, your costs will be reduced. ALL PROVIDERS IN THIS LISTING ARE OPEN TO PLAN III AND IV PARTICIPANTS.

Mississippi

Batesville

Batesville Dental Clinic Facility # 996768 113 Eureka St 38606 (662)563-7644 Min Age: 4 Garrott, DMD, Lea Anderson

Bearden, DDS, Katie S Facility # 446357 221 Gay St 38606 (662)563-5040 Min Age: 0 Bearden, DDS, Katie S

Clarksdale

Long, DDS, Robert E. Facility # 583522 527 Desoto Ave 38614 (662)627-2565 Min Age: 3 Long, DDS, Robert E.

Hernando

Robert E Maddux Dds Inc Facility # 445630 2264 Mcingvale Rd 38632 (662)429-6736 Min Age: 0 Maddux, DDS, Robert E

Horn Lake

William E Middleton Jr Dds Pa Facility # 448521 3011 Goodman Rd W 38637 (662)342-6530 Min Age: 0 Middleton Jr, DDS, William E

Marks

G R Henry Jr DDS PA Facility # 446479 304 CHERRY St 38646 (662)326-8818 Min Age: 0 Henry Jr, DDS, Goly R

New Albany

Oxford Dental Clinic
Facility # 456669
230 Starlyn Ave
38652 (662)534-5288
Min Age: 0
Mercier, DMD, Marcus K

Olive Branch

Alexander, DDS, Scott Facility # 453321 8230 CAMP CREEK Rd 38654 (662)895-1470 Min Age: 0 Alexander, DDS, Scott

Wa Thames DMD PLLC Facility # 444278 9035 E SANDIDGE Cv Ste A 38654 (662)895-7338 Min Age: 0 Hammer, DMD, Larissa G Jackson, DDS, James A Thames, DDS, Walter A

Wa Thames DMD PLLC
Facility # 453762
9035 E SANDIDGE Cv Ste A
38654 (662)895-7338
Min Age: 0
Felda Jones, DDS, Jackie

Oxford

Selvidge, DDS, Leroy A
Facility # 435774
1108 MIMOSA Dr
38655 (662)234-0922
Min Age: 0
Selvidge, DDS, Leroy A

Senatobia

James Gregory Graves PLLC Facility # 453726 522 W MAIN St 38668 (662)562-9484 Min Age: 0 Graves, DMD, James G

Southaven

Bettye R Baptist-wilson Dds Pl Facility # 430974 1305 Church Rd W 38671 (662)349-1141 Min Age: 0 Baptist-wilson, DDS, Bettye R

Huggins, DDS, Joy F Facility # 447646 87 STATELINE Rd E 38671 (662)342-4838 Min Age: 0

Huggins, DDS, Joy F

Tennessee

Bartlett

Bacon, DDS, Henry F Facility # 450073 2863 STAGE CENTER Dr 38134 (901)372-0352 Min Age: 0 Bacon, DDS, Henry F

Bartlett Dental Clinic
Facility # 445728
6630 Summer Knoll Cir Ste 103
38134 (901)377-5060

Min Age: 0 Thomas, DDS, James D Ben R Williams Dds Pa Facility # 450072 2863 Stage Center Dr

Facility # 450072 2863 Stage Center Dr 38134 (901)372-0352 Min Age: 0 Williams, DDS, Ben

Butler, DDS, E Garry
Facility # 444618
5786 STAGE Rd
38134 (901)388-4811
Min Age: 0
Butler, DDS, E Garry

Smiles Are Us Dental Center Facility # 187421 5150 Stage Rd Ste 100 38134 (901)385-9898 Min Age: 3 Grimes-Moore, DDS, Freida C.

Webb Dental Pllc Facility # 444619 5786 Stage Rd 38134 (901)388-4811 Min Age: 0

Webb, DDS, Bernice M Brownsville

Dove Family Dentistry Brownsvi Facility # 191666 20 N Washington Ave 38012 (731)779-0889 Min Age: 0 Dove. DDS. Joseph

Brunswick

Brunswick Station Dental Ctr Facility # 187423 8755 Chaffee Rd Ste 103 38014 (901)382-9704 Min Age: 0 Ferguson, DDS, William E James, DDS, Kelly O.

Collierville

Collierville Family Dentistry Facility # 840221 2130 W Poplar Ave Ste 106 38017 (901)861-7007 Min Age: 4

Ballard, DDS, Steve D. Belisle, DDS, Jodice L. Dickinson-Branch, DDS, Phyllis McGee, DDS, Patrick E.

Cordova

Cordova Family Dentistry
Facility # 820079
8520 Macon Rd Ste 1
38018 (901)754-4383
Min Age: 4

Calderon, DDS, Melissa McGee, DDS, Patrick E.

Cordova Smiles
Facility # 192337
8295 Cordova Rd Ste 101
38016 (901)737-0957
Min Age: 5
Macaraeg, DDS, Teresa

Dental Cares 1890 N Germantown Pkwy Ste 105 38016 Min Age: 5

Garrett, DDS, Floyd Facility # 820225 8089 Walnut Run Rd 38018 (901)737-8981 Min Age: 3 Garrett, DDS, Floyd Tompkins, DDS, William P.

Smith, DDS, William M

Henry Polk Dental Group, DPC Facility # 994808 8110 Cordova Rd Ste 125 38016 (901)755-0001 Min Age: 5 Henry, DDS, Andrea M Polk, DDS, Erica

Isaacman Family Dentistry
Facility # 453168
315 S Walnut Bend Rd Ste 102
38018 (901)755-4006
Min Age: 0
Isaacman, DDS, Kenneth L
Isaacman, DDS, Phillin E

Macon Oral Care Facility # 187460 8095 Macon Rd Ste 109 38018 (901)756-9150 Min Age: 0 Khan, DDS, Fauzia

Morris, DDS, Graham Hall Facility # 184321 8176 Old Dexter Rd Ste 106 38016 (901)737-3606 Min Age: 6 Johnston, DDS, Marion M. Morris, DDS, Graham H. Sharifa H Winbush Dds Pc Facility # 456480

2845 N Houston Levee Rd # 101 38016 (901)266-0555 Min Age: 0 Hall, DDS, Christal J Winbush, DDS, Sharifa H

Slovis, DDS, Herbert N. Facility # 586637 315 S Walnut Bend Rd 38018 (901)759-7931

Min Age: 3 Slovis, DDS, Herbert N.

Smile Design Dentistry Pc Facility # 431459 1650 Bonnie Ln Ste 101 38016 (901)624-6110 Min Age: 0 Hollis, DDS, Wainscott Murphy, DDS, Trista W

Smith, DDS, David W. 831 Timber Creek Dr Ste 1 38018 Min Age: 5

Smith, DDS, David W.

Taylor, DDS, Charlotte R. Facility # 184244 86 Timber Creek Dr Ste 3 38018 (901)756-0002 Min Age: 4

Taylor, DDS, Charlotte R
Taylor, DDS, Stuart M.
Facility # 184245
86 Timber Creek Dr Ste 3
38018 (901)756-0002
Min Age: 4

Min Age: 4
Taylor, DDS, Charlotte R
Taylor, DDS, Stuart M

Winbush, DDS, PC, Sharifa, H Facility # 191183 2845 N Houston Levee Rd Ste 10 38016 (901)266-0555 Min Age: 3 Winbush, DDS, Sharifa H

Covington

Aspen Dental Assoc Of New Engl Facility # 430584 115 S Munford St 38019 (315)454-6000 Min Age: 0 Rossis, DMD, Anna

Massengill, DDS, Bobby E Facility # 430583 115 S MUNFORD St 38019 (315)454-6000 Min Age: 0

Massengill, DDS, Bobby E Woodward, DDS, Michelle Y Facility # 454668 1003 S COLLEGE St 38019 (901)475-0805 Min Age: 0 Woodward, DDS, Michelle Y

Eads

Lighthouse Family Dentistry
Facility # 17081
3159 Highway 64 Ste 100
38028 (901)465-2382
Min Age: 0
Phillips, DDS, Marilyn L

Germantown

Andre, DDS, Leonard P Facility # 431333 2136 EXETER Rd Ste 101 38138 (901)756-8577 Min Age: 0 Andre, DDS, Leonard P Charlyn Wilson Dds Pllc Facility # 17059 7685 Wolf River Cir Ste 102 38138 (901)751-1100 Min Age: 0 Wilson, DDS, Charlyn A

Kutas, DDS, Patrick W. 7512 Corporate Center Dr 38138 Min Age: 3 Kutas, DDS, Patrick W

Linebarier, DDS, Chester Facility # 455414 7685 Wolf River Cir Ste 101 38138 (901)753-2225 Min Age: 0

Linebarier, DDS, Chester

Pulido, DDS, Mike

8590 Farmington Blvd Ste 5

38139

Min Age: 3

Pulido, DDS, Miguel
The Dental Office @ Saddle Cre
Facility # 187506
7535 Poplar Ave
38138 (901)754-4200
Min Age: 0
Messer, DMD, Andrea S

Min Age: 0
Messer, DMD, Andrea S
Townsend, DDS, Carmel E
Wall Marks, DDS, Kathleen A
Van Zyl, DDS, Ettienne R
Facility # 454313

3087 PROFESSIONAL PIZ 38138 (901)758-2273 Min Age: 0 Van Zyl, DDS, Ettienne R

Memphis

Acker, DDS, Tanisha M Facility # 454948 3564 Kirby Pkwy 38115 (901)366-7669 Min Age: 0 Acker, DDS, Tanisha M

Adams-Browne Dental Associates Facility # 820043 3333 Elvis Prsly Blvd Ste 202 38116 (901)332-7111 Min Age: 4 Adams-browne, DDS, Kaye Y Watson, DDS, William A

Alperin, DDS, Murray S. Facility # 184283 1130 S 3rd St 38106 (901)948-7052 Min Age: 2 Alperin, DDS, Murray S

Associate Dental Group 2154 Frayser Blvd 38127 Min Age: 5

Associated Dentists 1279 Lamar Ave 38104 Min Age: 18 Sims, DDS, Larry D.

Banks Jr., DDS, William K. Facility # 586638 776 Mount Moriah Rd 38117 (901)761-0527 Min Age: 0 Banks Jr., DDS, William K.

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Bartlett Dental Clinic
Facility # 187222
6630 Summer Knoll Cir Ste 103
38134 (901)377-5060
Min Age: 3
Peppers, DDS, David C
Thomas, DDS, James D.

Bartlett Family Dentistry
Facility # 820082
7519 US Highway 64
38133 (901)371-0609
Min Age: 7

Hodge, DDS, Tracy L McGee, DDS, Patrick E. Montoya, DDS, Jose L. Ross, DDS, Grayson

Facility # 587259 560 Colonial Rd Ste 100 38117 (901)680-6881 Min Age: 5 Bellott Jr., DDS, Donald J.

Bellott Jr., DDS, Donald J.

Bellott Sr., DDS, Donald J. Facility # 586167 560 Colonial Rd Ste 100 38117 (901)680-6881 Min Age: 0 Bellott Sr., DDS, Donald J.

Bellott, DDS, Jody Facility # 456023 560 COLONIAL Rd Ste 100 38117 (901)680-6881 Min Age: 0 Bellott, DDS, Jody

Braxton Family Dentistry Llc Facility # 15253 1154 S Bellevue Blvd 3360 (901)775-0870 Min Age: 0 Braxton, DDS, Sonia

Braxton Family Dentistry LLC 1154 S Bellevue Blvd 38106 Min Age: 5

Cawthon Dental Clinic
Facility # 423955
1000 Haynes St
38114 (901)544-7600
Min Age: 0
Watson, DDS, William A

Braxton, DDS, Sonia D.

Centennial Village Dental Grp. Facility # 820010 7825 Winchester Rd Ste 115 38125 (901)752-1290 Min Age: 4

Chelsea Dental Clinic 2410 Chelsea Ave 38108 Min Age: 3

Chinn Jr., DDS, PC, Harry J. 6622 Kirby Center Cv 38115 Min Age: 4 Chinn, DDS, Harry J

Christian, DDS, Solomon Facility # 820044 3037 S Perkins Rd 38118 (901)566-1414 Min Age: 3 Christian, DDS, Solomon

Cleo Kirk Dental Office
Facility # 820228
2523 Lamar Ave
38114 (901)743-5723
Min Age: 4
Kirk, DDS, Cleo C

Cohen, DDS, James C Facility # 451665 3337 KIRBY Pkwy 38115 (901)362-1931 Min Age: 0 Cohen, DDS, James C

Coleman, DDS, PC, Harry T. Facility # 187307 3087 Park Ave 38111 (901)327-4200 Min Age: 3 Coleman, DDS, Harry T.

Washington, DDS, George L. Cooper Dental Associates 1032 S Cooper St 38104 Min Age: 4

Copeland, DDS, Vincent H. Facility # 586646 4250 Faronia Rd 38116 (901)332-9170 Min Age: 5 Copeland, DDS, Vincent H. Washington-Jackson, DDS, Chery

Dawson, DDS, Toya P. Facility # 187274 2348 Park Ave 38114 (901)327-6166 Min Age: 0 Dawson, DDS, Toya P.

Dellwyn Turnipseed Dmd Pc Facility # 16153 1195 Poplar Ave 38105 (901)722-8445 Min Age: 0 Turnipseed, DMD, Dellwyn M

Dentalwrks Dietz Fisher & Asso Facility # 431872 3890 Austin Peay Hwy 38128 (901)373-3894 Min Age: 0 Barker, DDS, Kenneth J Dishmon, DDS, Brooke E Fong, DDS, Nick Le, DDS, Tuyen N Lee, DDS, Monica T Witherspoon, DDS, Philip H

Dentalwrks Dietz, Fischer & As Facility # 444535 5180 Park Ave Ste 210 38119 (901)763-0850 Min Age: 0 Dietz Jr, DDS, James G

Dietz Jr, DDS, James G Dishmon, DDS, Brooke E Fong, DDS, Nick Witherspoon, DDS, Philip H Witherspoon, DMD, Robert A

Dove Family Dentistry Facility # 191940 3030 Covington Pike 38128 (901)213-9337 Min Age: 1 Dove, DDS, Joseph

Dove, DDS, Laura
Facility # 820199
7189 Stage Rd
38133 (901)373-3800
Min Age: 6
Dove, DDS, Laura B

Dr's Smith & Associates li Pc Facility # 428233 5040 American Way 38115 (901)794-9355 Min Age: 0 Dr's Smith & associa, DDS, Smith, DDS, Bill Eason, DDS, Dan S. Facility # 994991 2670 Union Avenue Ext Ste 130 38112 (901)327-3800 Min Age: 4 Eason, DDS, Dan E

East Memphis Dental Care Facility # 820065 6223 Mount Moriah Road Ext 38115 (901)794-3391 Min Age: 4 Spell III, DDS, Charlie

Firestone Dental Group Pllc Facility # 446812 1216 Thomas St 38107 (901)525-3800 Min Age: 0 Gipson, DDS, Lovelace P

Firestone Dental Group Pllc Facility # 446813 1057 E Raines Rd 38116 (901)346-8286 Min Age: 0 Gipson, DDS, Lovelace P

Franklin, DDS, David B. Facility # 187564 2738 Mount Moriah Pkwy 38115 (901)363-1287 Min Age: 0 Franklin, DDS, David B.

Glenn, DMD, Howard Facility # 820041 425 E Shelby Dr 38109 (901)789-4891 Min Age: 2 Glenn, DMD, Howard Watson, DDS, William A

Goldwin, DDS, Robert R. 744 E Brookhaven Cir 38117 Min Age: 0 Goldwin, DDS, Robert R.

Greer, DDS, Joe C. Facility # 992362 2829 Lamar Ave 38114 (901)744-4990 Min Age: 0 Greer, DDS, Joe C.

Hedgerow Family Dentistry
Facility # 820233
6757 E Shelby Dr
38141 (901)363-3144
Min Age: 3

Atkins, DDS, Tandra D Christion, DDS, Tracey O Neal, DDS, Joe

Herring Dental PA

183 Tillman St 38111 Min Age: 4 Herring, DDS, Larry W.

Hickory Hills Family Dentistry Facility # 840151 Lang:SP 3725 Riverdale Rd Ste 1 38115 (901)797-3077 Min Age: 4

Highland Park Dental Center Pc Facility # 458032 845 S Highland St 38111 (901)323-8488 Min Age: 0 Desai, DDS, Pranav D

Highland Park Dental Center PC Facility # 995492 845 S Highland St 38111 (901)323-8488 Min Age: 5 Chitalia, DDS, Sharad S. Hollerman, DMD, Davida A. Wiggs, DDS, Joseph P.

Hmo Inc Facility # 437949 3725 Riverdale Rd Ste 1 38115 (901)797-3077 Min Age: 0 Atkins, DDS, Tandra D

Johnson Jr., DMD, Joseph Facility # 820047 4299 Elvis Presley Blvd 38116 (901)346-3257 Min Age: 3 Johnson Jr., DMD, Joseph

Johnson, DDS, Dean Facility # 820009 1440 E Shelby Dr Ste 2 38116 (901)346-1171 Min Age: 4

Jones, DDS, Cheryl D. Facility # 187312 3251 Park Ave 38111 (901)325-4005 Min Age: 5 Jones, DDS, Cheryl D.

Jones, DDS, Darryl K Facility # 458723 4646 Poplar Ave 38117 (901)763-3601 Min Age: 0 Jones, DDS, Darryl K

Jurand, DDS, Jerry G Facility # 443926 7 S Highland St 38111 (901)448-6277 Min Age: 0 Jurand, DDS, Jerry G

King, DDS, Dewitt H.
Facility # 820050
2212 Airways Blvd
38114 (901)743-2055
Min Age: 4
King, DDS, Dewitt H

Kirby Family Dentistry Pc Facility # 434726 2900 Kirby Rd Ste 9 38119 (901)755-7392 Min Age: 0 Morris, DDS, Keith D

Kirby Parkway Dental Care Facility # 820078 4137 Kirby Pkwy 38115 (901)794-3391 Min Age: 4 Spell III, DDS, Charlie

Kutas, DDS, Timothy 519 N HIGHLAND St 38122 Min Age: 7 Kutas, DDS, Timothy W

Lackie, DDS, Richard M Facility # 454039 5587 MURRAY Rd Ste 200 38119 (901)685-7166 Min Age: 0 Lackie, DDS, Richard M

Lott Sr. DDS, John B Facility # 450213 1297 Marlin Rd 38116 (901)396-6753 Min Age: 0 Lott Sr, DDS, John B

Majestic Family Dentistry
Facility # 994538
3705 Malco Way Ste 103
38125 (901)751-4420
Min Age: 3
Vescovo, DDS, Barry A

Marrio Thomas Dds Pllc Facility # 455166 670 Colonial Rd Ste 6 38117 (901)537-0077 Min Age: 0 Thomas, DDS, Marrio R

Meadows, DDS, Jeffrey R. Facility # 187281 Lang:SP 2900 Kirby Rd Ste 9 38119 (901)767-0507 Min Age: 4 Meadows, DDS, Jeff R

Meekins, DDS, Richard D. Facility # 820074 2390 Lamar Ave 38114 (901)743-0704 Min Age: 3 Meekins, DDS, Richard D.

Messer Dental Group, PC. Facility # 187450 785 Estate PI Ste 2 38120 (901)682-1645 Min Age: 3 Messer, DMD, Andrea S

Messer, DMD, Timothy S.

Miller Jr., DDS, Richard A.

640 S Perkins Rd

38117 Min Age: 5 Miller Jr., DDS, Richard A. Miller Jr, DDS, Richard A

Facility # 450804 640 S PERKINS Rd 38117 (901)683-1038 Min Age: 0 Miller Jr, DDS, Richard A

Miller, DDS, Rodric L Facility # 448564 5124 STAGE Rd 38134 (901)373-5433 Min Age: 0 Miller, DDS, Rodric L

Moore, DDS, Gordon R. Facility # 184351 5498 Poplar Ave Ste C1 38119 (901)682-9631 Min Age: 10 Moore, DDS, Gordon R

Myers, DDS, Lee T. Facility # 820066 1952 Lamar Ave 38114 (901)276-4629 Min Age: 4

New Image Family Dentistry Facility # 187318 3719 Riverdale Rd 38115 (901)365-2000 Min Age: 3 Lyons Anderson, DDS, Tonya

New Image Family Dentistry
Facility # 995618 Lang:SP
2713 Mount Moriah Pkwy Ste 101
38115 (901)366-9953
Min Age: 2
Lyons Anderson, DDS, Tonya

New Image Family Dentistry Inc Facility # 444464 2713 Mount Moriah Rd Ste 101 38115 (901)366-9953 Min Age: 0 Lyons Anderson, DDS, Tonya

Oak Court Dental Clinic Facility # 450521 4515 Poplar Ave Ste 227 38117 (901)680-9578 Min Age: 0 Leordeanu, DDS, Mihaela

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Oak Court Dental Clinic
Facility # 840145 Lang:SP FR
4515 Poplar Ave Ste 227
38117 (901)680-9578
Min Age: 3
Leordeanu, DDS, Mihaela D.

Paradigm Dental Center Facility # 192074 4730 Riverdale Rd Ste 3 38141 (901)758-2127 Min Age: 0 Rosenthal, DDS, Christina T

Payne Family Dentistry
Facility # 186986
3574 Hickory Hill Rd
38115 (901)365-9054
Min Age: 1
Payne, DDS, Jackson L.

Perfect Smile Dentistry
Facility # 186964
4646 Poplar Ave Ste 514
38117 (901)763-3601
Min Age: 0
Weekington Jackson DDS (

Washington-Jackson, DDS, Chery

Perfect Smile Dentistry INC Facility # 438829 4646 POPLAR Ave Ste 514 38117 (901)763-3601 Min Age: 0 Jackson, DDS, Cheryl W Washingtonjackson, DDS, Cheryl

Pirani Jr., DDS, Carlo B. Facility # 995495 752 National St 38122 (901)452-6611 Min Age: 12

Price, DDS, Vincent J.
Facility # 820080
2900 Kirby Rd Ste 9
38119 (901)755-7392
Min Age: 4
Price, DDS, Vincent J
Ragland, DDS, Fred B.

Facility # 995238 2753 S Mendenhall Rd Ste 10 38115 (901)365-6047 Min Age: 6 Ragland, DDS, Fred B.

Raleigh Dental Group Facility # 187373 4283 Raleigh Millington Rd 38128 (901)372-1221 Min Age: 3 Craig, DDS, Thomas J

Ferguson, DDS, William E

Raleigh Family Dentistry
Facility # 820022
3068 Covington Pike Ste 2
38128 (901)386-2328
Min Age: 6

Holmes, DDS, Kurt M Ross, DDS, Grayson Townsend, DDS, Carmel E

Roberson, DDS, James Mike 6425 Stage Rd Ste 6 38134 Min Age: 6

Roberson, DDS, James Mike

Rutledge, DDS, Joel W. Facility # 187497 5100 Wheelis Dr Ste 214 38117 (901)767-1610 Min Age: 4 Rutledge Jr, DDS, Joel W Salazar Dental Group, LLC Facility # 187494 6799 Great Oaks Rd Ste 201 38138 (901)753-0404 Min Age: 0 Salazar, DDS, Jose L

Salomon, DDS, Alan P. Facility # 187066 5575 Poplar Ave Ste 121 38119 (901)683-5293 Min Age: 3 Salomon, DDS, Alan P.

Shelby County Health Care Corp Facility # 187275 409 Ayers St 38105 (901)515-5600

Min Age: 0 Thompson, DDS, Dwight E.

Shirley, DDS, Michael D. Facility # 820003 4302 Summer Ave 38122 (901)683-3849 Min Age: 3 Shirley, DDS, Michael D.

Smiles Are Us Facility # 432022 5150 Stage Rd Ste 100 38134 (901)385-9898 Min Age: 0 Grimes Moore, DDS, Freida C

Sorrells, Jr., DDS Lavalle D. Facility # 187231 6555 Stage Rd Ste 2 38134 (901)372-8959 Min Age: 6 Sorrells, DDS, Lavalle D

Southgate Dental Clinic Facility # 840033 1799 S 3rd St 38109 (901)774-9602 Min Age: 2 Jeu, DDS, Richard C

Southwind Family Dentistry Facility # 820087 7948 Winchester Rd Ste 108 38125 (901)624-0440 Min Age: 6

Holmes, DDS, Kurt M McGee, DDS, Patrick E. Stanford, DDS, Jon C. Facility # 840051 3596 Park Ave 38111 (901)458-2617

Facility # 940051 3596 Park Ave 38111 (901)458-2617 Min Age: 3 Stanford, DDS, Jon C Superior Smiles of Memphis Facility # 191962

Facility # 191962 4205 Hacks Cross Rd Ste 118 38125 (901)737-8714 Min Age: 0 Cosby, DDS, Sherrye Payne, DDS, Derrick

The Dental Connection Facility # 16152 3461 Ridge Meadow Pkwy 38115 (901)365-5454 Min Age: 0 Turnipseed, DMD, Dellwyn M

The Dental Office @ Saddle Cre Facility # 17114 1371 Island Town Dr 38103 (801)718-6652 Min Age: 0 Egbert, DDS, Nicholas

The Dental Office @ Saddle Cre Facility # 17116 7535 Poplar Ave 38138 (901)754-4200 Min Age; DE Spbert, DDS, Nicholas Towsend Dental Associates Facility # 995097 Lang:FR 1723 Kirby Pkwy 38120 (901)751-2778 Min Age: 3 Townsend, DDS, Carmel E

Triplett, DDS,PC. Orpheus H. Facility # 996364 2877 Poplar Ave 38111 (901)324-0093 Min Age: 0 Christion, DDS, Tracey Triplett, DDS, Orpheus L.

Union Ave Dental Associates Facility # 820198 1331 Union Ave Ste 1225 38104 (901)276-7314 Min Age: 5 O Neal, DDS, Joe

Uptown Dental Center LLC Facility # 820203 493 N Front St Ste 101 38105 (901)527-2101 Min Age: 5 Branch, DDS, Joerald D

Vance Dental Clinic Facility # 820223 516 Vance Ave 38126 (901)526-4442 Min Age: 2 Hudson III, DDS, Roy

Vincent Price DDS & Associates Facility # 820036 1440 E Shelby Dr Ste 5 38116 (901)332-8729 Min Age: 4 Morris, DDS, Keith D Price, DDS, Vincent J

Watkins Family Dentistry
Facility # 191788
3912 Elvis Presley Blvd
38116 (901)398-8216
Min Age: 0
Watkins, DDS, Mialika K

William N Castle Dds Pllc Facility # 436215 79 N Cooper St 38104 (901)685-5008 Min Age: 0 Castle, DDS, William N

Williams, DDS, Ben Facility # 435053 7825 Winchester Rd Ste 115 38125 (901)752-1290 Min Age: 0 Williams, DDS, Ben

Williams, DDS, Stephen Facility # 995410 5112 Stage Rd Ste 4 38134 (901)372-7906 Min Age: 5 Williams, DDS, Stephen

Wohrman, DDS, Robert Facility # 995251 1711 Kirby Pkwy 38120 (901)591-1526 Min Age: 4 Wohrman, DDS, Robert E.

Worrell, DDS, Leroy A Facility # 451923 5359 KNIGHT ARNOLD Rd 38115 (901)565-8916 Min Age: 0 Worrell, DDS, Leroy A

Zinn III, DDS, Ernest M. Facility # 996560 5119 Millbranch Rd 38116 (901)346-1059 Min Age: 3 Zinn, DDS, Ernest M

Munford

Nichols Family Dentistry
Facility # 447460
28 Tipton St N
38058 (901)837-3455
Min Age: 0
Nichols, DDS, John R

Newbern

Lents Ii, DDS, William W Facility # 429702 619 W Main St 38059 (901)627-2372 Min Age: 0 Lents Ii, DDS, William W

Oakland

<u>I Dentistry Llc</u> Facility # 457342 14710 Highway 194 38060 (901)466-9343 Min Age: 0 Walls, DDS, Ragonva S

Oakland Family Dentistry
Facility # 191514
7033 Highway 64
38060 (901)465-4655
Min Age: 0

Smith, DDS, Johnny S. Facility # 187298 7066 Highway 64 38060 (901)466-1580 Min Age: 5 Smith, DDS, Johnny S.

Somerville

Cima, DDS John Facility # 994646 13190 N Main St 38068 (901)465-3050 Min Age: 7 Cima, DDS, John D.

Middlecoff Dental Group Facility # 432339 17965 Highway 64 38068 (901)466-0501 Min Age: 0 Achorn Jr, DMD, Frank P Middlecoff, DDS, Mary K Middlecoff, DDS, William J

Stanton

Dr. C.R. White & Assoc Dental Facility # 820068 17 1st St 38069 (731)548-2400 Min Age: 3 White, DDS, Clarice R.

SOMERVILLE

Richardson Family Dentistry Facility # 187419 Lang:SP 17395 Us Highway 64 38068 (901)466-9833 Min Age: 3 Richardson, DDS, Dwayne

Tiptonville

Blue Ribbon Dental Center Facility # 191186 211 Church St 38079 (731)253-9091 Min Age: 0 Carr, DDS, Denean R

SPECIALISTS

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SOME SPECIALISTS DO NOT ACCEPT ALL PLANS; PLEASE CONFIRM THAT THE SPECIALIST OF YOUR CHOICE ACCEPTS YOUR SPECIFIC PLAN BEFORE SEEKING TREATMENT BY CALLING 1-800-342-5209.

Oral Surgeons

Mississippi

Southaven

Albright & Smith Oral & Max 187 Stateline Rd E Ste 20 38671 (662)393-8093 Min Age: 0 Albright, DDS, J. E. Smith, DDS, Robert K.

Tennessee

Bartlett

Raleigh Bartlett Oral Surgery 2785 Summer Oaks Dr Ste 101 38134 (901)386-6385 Min Age: 0 Mcrae, DDS, J L

Collierville

Dental Implant Aesthetic Cente 1100 Poplar View Ln N 38017 (901)854-4422 Min Age: 0 William, DDS, Darren R

Williams, DDS, Darren R. 1100 Poplar View Ln N Ste 1 38017 (901)854-4422 Min Age: 0 Williams, DDS, Darren R.

Dyersburg

Oral Surgery Associates Of Wes 1510 Woodlawn Ave 38024 (731)668-7412 Min Age: 0 Rickman, DDS, Samuel K Sammons, DMD, Stephen J

Memphis

Albright & Smith Oral & Max 766 S White Station Rd Ste 1 38117 (901)885-8090 Min Age: 0 Albright, DDS, J. E. Albright, DDS, Jimmy E McGuire, DDS, Taylor P. Peck, DDS, Russell C Smith, DDS, Robert K.

Cannon Sexton Oral Maxillofaci 1661 Aaron Brenner Dr Ste 105 38120 (901)756-8475 Min Age: 0 Cannon, DDS, John S.

Cannon, DDS, John S.
1717 Kirby Pkwy
38120 (901)756-8475
Min Age: 0
Cannon, DDS, John S.
Sexton, DDS, Stephen Barrett

CENTER FOR ORAL AND FACIAL SUR 1251 Wesley Dr Ste 101 38116 (901)398-0793 Min Age: 0 Meekins, DDS, Richard D Staples, DDS, Ronald C Williams, MD DDS, Michael A

McCullar, DDS, Bruce H. 805 Estate PI Ste 2 38120 (901)682-9713 Min Age: 0 Mccullar, DDS, Bruce H

Staples, DDS, Ronald C.
4250 Faronia Rd
38116 (901)398-0793
Min Age: 0
Meekins, DDS, Richard D
Staples, DDS, Ronald C
Williams, MD DDS, Michael A

Williams Oral & Maxi Surgery 6621 Kirby Center Cv 38115 (901)362-6103 Min Age: 0 Williams, DDS, Harris E

Zelig, DDS, David 5575 Poplar Ave Ste 512 38119 (901)767-7741 Min Age: 0 Zelig, DDS, David

Orthodontists

Tennessee

Bartlett

The Orthodontic Clinic PC
6637 Summer Knoll Cir Ste 102
38134 (901)377-1744
Min Age: 0
Faleye, DMD, Adeola O

Memphis

Dentalwrks Dietz, Fischer & As 5180 Park Ave Ste 210 38119 (901)763-0850 Min Age: 0 Fisher, DMD, Jack C

Tri State Orthodontics 5101 Sanderlin Ave Ste 108 38117 (901)767-6320 Min Age: 0 Watts, DDS, Samuel

Tri State Orthodontics 7970 Giacosa Pl Ste 104 38133 (901)937-7797 Min Age: 0 Watts, DDS, Samuel

Pediatric Dentists

Tennessee

Collierville

Childrens Dental Center Of W T 2028 W Poplar Ave Ste 110 38017 (901)861-9668 Min Age: 0 Rowland, DDS, Chris C Selecman, DDS, James B

Memphis

Bradley W Wilkinson Dds Ms Pc 5040 Sanderlin Ave Ste 101 38117 (901)761-5155 Min Age: 0 Wilkinson, DDS, Bradley W

Periodontists

Tennessee

Memphis

Higgason, DDS, James D. 729 Reddoch St 38120 (901)682-8439 Min Age: 0 Higgason, DDS, James D.

Martin, DDS, Denise M 1286 PEABODY Ave 38104 (901)276-6000 Min Age: 0 Martin, DDS, Denise M

Mustiful-Martin, DDS, Denise 1286 Peabody Ave 38104 (901)276-6000 Min Age: 0 Mustiful-Martin, DDS, Denise

Preferred Vision Care



Through an arrangement with your group, you can receive discounts on vision and hearing services at NO ADDITIONAL CHARGE.¹

Eyewear Program

As a CompBenefits Dental Plan Member, you can receive eyewear products from Preferred Vision Care (PVC) at wholesale prices.

- Up to 50% savings off retail prices on lenses and frames
- PVC providers conveniently located throughout the nation
- Top of the line products from leading manufacturers
- Unlimited eyewear purchases Use as often as desired

To Utilize the Eyewear Program

- Simply: Call the PVC toll-free number Locator Service. 1-888-526-8000
 - A customer service representative will provide the name(s), location and telephone number of the nearest PVC provider(s)
- Present your Identification Card to the PVC provider. (Note: The ID card provides savings for all dependents within the household.)
- Present your prescription and select the eyewear of your choice

 no restrictions

You pay the PVC provider the specially reduced price for the eyewear at the time of purchase — no claim forms or time-delayed reimbursements.

Contact Lens Program

As a CompBenefits Dental Plan Member, you can also receive contact lens replacement from Lensavers at a discount through its quick and easy mail order service.

- Up to 60% savings off the retail cost of contact lenses
- Provides any contact lens, regardless of manufacturer
- Call the Lensavers toll-free number and request an order form and cost for the contact lens

- Complete the order form and mail it along with a copy of your prescription and payment to: Lensavers
 10505 North 69th Street, #500 Scottsdale, AZ 85253
- Lensavers will fill and ship most orders within 24 hours of the order
- Lensavers accepts VISA and MasterCard
- Rush orders can be handled via FAX



Beltone



Through an arrangement with your group, you can receive discounts on hearing services at NO ADDITIONAL CHARGE.¹

Hearing Aid Enhancement Program

 As a CompBenefits Dental Plan Member, you can receive hearing aid discounts from Beltone Managed, Care, Inc. at NO ADDITIONAL CHARGE.

The Beltone Plan includes such services as:

- No Charge annual electronic hearing evaluations for you and your family members.
- Free audiometric testing by a trained Beltone hearing aid specialist or audiologist.
- 15% discount off the dispensor's regular list price on hearing aid purchases.
- Over 70 models and hundreds of customized Beltone hearing aids to choose from including a warranty commitment honored at the 2,600 Beltone Centers.

To use your discount, just show your CompBenefits I.D. card. For the Beltone Hearing Aid Center nearest you: Call 1-800-BELTONE

1 At the present time, these benefits are not available in North Carolina and Alabama.



A World of Enhancements

Eyewear Program, Contact Lens Replacement and Hearing Aid Enhancement...

All complimentary with your Dental Plan Enrollment



Eyewear Program 1-888-526-8000

Preferred Vision Care (PVC) works with selected independent ophthalmic professionals to provide you with eyewear products at wholesale prices.

- Up to 50% savings on lenses and frames.
- Unlimited lens wear purchases.
- Top of the line products from leading manufacturers.
- PVC Providers conveniently located throughout the state.

Contact Replacement 1-866-337-2020*

*When calling, please refer to "Preferred Vision Care."

World of Enhancements provides you with a contact lens replacement program through a nationwide mail-order contact lens provider.

- Up to 60% savings off retail prices of contact lenses.
- Provides most contact lenses, regardless of manufacturer.

Hearing Enhancement 1-800-BELTONE

Beltone offers you a variety of services from hearing exams and evaluations to more than 75 models of hearing instruments.

- Free hearing exam for you and your family members.
- 15% off the dispensers regular list price on hearing aid purchases.
- Belcare follow up customer commitment honored at 2,000 Beltone Centers.

www.beltone.com



cut along dotted lines

and place in your wallet

Membership Benefit Card

(for vision)

www.preferredvisioncare.com

Membership benefits valid with current Dental Plan membership.



Membership Benefit Card

(for vision)

www.preferredvisioncare.com

Membership benefits valid with current Dental Plan membership.



-fold here

Membership Benefit Card

Group # 999

Preferred Vision Care: Call 1-888-526-8000

to find the location nearest you and for customer service.

Contact Replacement: Call 1-866-337-2020

to find the location nearest you and for customer service.



Membership Benefit Card

Group # 999

Preferred Vision Care: Call 1-888-526-8000

to find the location nearest you and for customer service.

Contact Replacement: Call 1-866-337-2020 to find the location nearest you and for customer service.







Dental Plan Change Form

RETURN THIS FORM IF YOU ARE CURRENTLY ENROLLED AND WISH TO **CHANGE YOUR COVERAGE. EMPLOYEE INFORMATION** (Please Print) **Employee's Name:** Employee's Social Security #: Last Name Employer's Name: Shelby County Government **EMPLOYEE CHANGES (Please Complete The Appropriate Items Below) CHANGE OF ADDRESS:** Street Address Apt #: City State Zip Code **PLEASE SELECT ONE: CHANGE COVERAGE TO (Check One):** □ Employee ☐ Option I: Basic DHMO - Prestige 45 ☐ Employee + One ☐ Option II: Enhanced DHMO - Prestige 15 □ Family ☐ Option III: Basic PPO - Elite Preferred 520 Enhanced PPO - Elite Preferred 510 ☐ Option IV: **FACILITY CHANGE:** If you are currently on Plan I or II and would like to change your facility selection, please note **new facility number**: SELECT DENTIST FOR OPTION I (PST45) AND II (PST15) ONLY If you are changing your coverage to the DHMO Plan, select a dentist from the list of Participating General Dentists, which is included in your enrollment packet. Write the Dental Facility Number of the dentist you have chosen for you and your family members in the space below. CHANGE DEPENDENT COVERAGE List dependents to be added or deleted. Please note it is the responsibility of the employee to inform the Shelby County Employee Benefits Office if a dependent has reached the maximum age limit or if his or her status has changed. Last Name Firet M.I. Relationship Date of Birth Sex Facility # Add Dalata / / Office Use Only: **CANCEL Coverage** \square Employee (EIN) Number: Check Box Effective Date ____ Entered by ____ Employee Comments _ Date: Signature:





Employee/Retiree Enrollment Form

RETURN THIS FORM IF YOU ARE A NEW ENROLLEE. Effective January 1, 2009, I have enrolled for one of the dental plans offered under the Shelby County Government Flexible Benefits Plan. I authorize Shelby County Government to deduct an amount equal to the employee cost of the plan from my wages each pay period on a pre-tax basis. My W-2 statement will show my wages after this redirection. I understand that my enrollment for dental insurance and related payroll redirection is IRREVOCABLE and may not be changed until the next January 1, except in case of a change in family status, as provided under Article 3 of the Flexible Benefit Plan. If you are not enrolled in Shelby County Government Flexible Plan this coverage will be on an after-tax basis. Please Select One: Option IV Option I Option II Option III ☐ Basic DHMO - Prestige 45 ☐ Enhanced DHMO - Prestige 15 ☐ Basic PPO - Elite Preferred 520 ☐ Enhanced PPO - Elite Preferred 510 **Please Select One:** ☐ Family ☐ Employee ☐ Employee + One Amount deducted Active Employee (per pay period) /Head Start (per pay period) /Retiree (per month): \$ _ **EMPLOYEE INFORMATION** (Please Print) Social Security No. Dental Facility #: (Options I [PST45] and II [PST15] Only) Last Name Date of Birth Home Address Business Phone Home Phone Zip Code \square M \square F Employer's Name: Occupation: **Shelby County Government** Are you now performing all duties of your regular occupation Full-Time Date of Hire: on a full-time basis (20 hours per week or more)? ☐ YES ☐ NO If covering your dependents, please complete the following: (Please note it is the responsibility of the employee to inform the Shelby County Employee Benefits Office if a dependent has reached the maximum age limit or if his or her status has changed.) Dental Facility # Last (if Different) **Birthdate** Spouse \square \land \square \vdash Child $\square M \square F$ $\square \land \square \vdash$ $\square \land \square \vdash$ $\square \land \square \vdash$ **AGREEMENT AND AUTHORIZATION** Office Use Only: All the information I have provided on this enrollment form is true and complete to the best of my knowledge and Employee (EIN) Number: belief. I agree that the insurance coverage is not in force until it is approved by UniLife Insurance Company or the applicable subsidiary of CompBenefits Corporation for DHMO Dental Care. If enrolling for the DHMO Dental Care plan, I understand that this is a minimum one (1) year contract and that all Effective Date necessary dental services will be provided in the description of benefits and surcharges. I have received and understand the outline of coverage. I authorize my employer to make any necessary payroll deductions. Entered by The following is required in certain states: Any person who knowingly and with intent to defraud or deceive any insurance company, files an application containing any materially false, incomplete or misleading information is guilty of committing a fraudulent insurance act which is a crime and subject to criminal prosecution. Comments Signature: Date: _





100 Mansell Court East Suite 400 Roswell, GA 30076

Return Service Requested

PRESORTED
THIRD-CLASS MAIL
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Shelby County Dental Plan Information Enclosed